

# **Medicare Directory of Prevailing Charges**

1977

Health Care Financing Administration  
BHI Pub. No. 035 (5-77)



## MEDICARE DIRECTORY OF PREVAILING CHARGES FOR FEE SCREEN YEAR 1977

### Introduction

This directory contains Medicare reimbursement data for Fee Screen Year 1977. It lists the prevailing charge for 50 high volume physician medical procedures for each of the reasonable charge localities within each carrier's service area. Maps are provided for each State which outline the separate charge districts (localities) the carriers use in reimbursing claims under the Medicare program.\* In addition, the counties within each locality are listed to aid in identifying the exact geographic breakdowns. (More detailed locality information can be obtained on selected carriers by referring to Appendix A in the back of the directory.)

This prevailing charge data represents the maximum amounts upon which reimbursement is based within the Medicare Part B program. It also reflects the influence of the Economic Index Rollback Provisions. For each locality, prevailing charges are listed for General Practitioners and for medical Specialists except where the carrier makes no specialty differentiation in its screens, in which case the top of the page states, "combined screens." Blank spaces in the prevailing charge columns indicate that the procedure is not performed in the locality or that the carrier does not use the same definition of the procedure as listed. When an asterisk (\*) appears beside a charge, it means that the charge is computed using a relative value scale rather than being based on actual charge data for the period covered.

When consulting the specialist sheets, it should be noted that the amounts represent the prevailing charge for the specialist who most frequently performs these procedures. Therefore, the procedure list in Table A contains the category of medical specialists and the appropriate specialty code next to each item for the 50 procedures.

If you have any questions about the data or locality information displayed in this directory, please direct your requests to Mr. James Barnett, Health Care Financing Administration, Bureau of Health Insurance, Division of Contractor Operations, Carrier Performance Section, Room 2-0-5 East Building (low rise), 6401 Security Blvd., Baltimore, Maryland 21235.

\*For a more detailed discussion of the Medicare program reasonable charge methodology, the reader is directed to BHI Publication No. 028 entitled, Determination of Reasonable Charges under Part B of Medicare

Additional copies of the directory can be requested from:

Bureau of Health Insurance  
Mr. Richard Rhode  
Administrative Services Section Chief  
Room G-J-3 East Building (low rise)  
6401 Security Blvd.  
Baltimore, Maryland 21235

Table A  
Frequently Performed Medical Procedures

<u>Procedure and 64 CRVS Code</u>	<u>Specialist and Specialty Code</u>
1. Initial Limited Office Visit (9000) New Patient	Internal Medicine (11)
2. Initial Comprehensive Office Visits (9002) New Patient	Internal Medicine (11)
3. Minimal Office Visit--Established Patient (9003)	Internal Medicine (11)
4. Routine Followup Brief Office Visits (9004) Established Patient	Internal Medicine (11)
5. Routine Followup Brief Home Visit (9014)	Internal Medicine (11)
6. Initial Brief Hospital Visit (9020)	Internal Medicine (11)
7. Initial Comprehensive Hospital Visit (9022)	Internal Medicine (11)
8. Routine Followup Brief Hospital Visits (9024)	Internal Medicine (11)
9. Biopsy Skin (0171)	General Surgery (02)
10. Radical Mastectomy (0470)	General Surgery (02)
11. Reduction of Fracture--Neck of Femur (0868)	Orthopedic Surgery (20)
12. Arthorotmy--Puncture for Aspiration of joint effusion (1046)	Orthopedic Surgery (20)
13. Needle puncture of bursa (1413)	General Surgery (02)
14. Bronchoscopy (2111)	General Surgery (02)
15. Thoracentesis (2183)	General Surgery (02)
16. Catheterization of Heart (2330)	Cardiovascular (06)
17. Insertion of pacemaker (2356)	Cardiovascular (06)
18. Blood Transfusion (2445)	General Surgery (02)
19. Colectomy (3179)	General Surgery (02)
20. Appendectomy (3261)	General Surgery (02)
21. Sigmoidoscopy (3310)	General Surgery (02)
22. Hemorrhoidectomy (3380)	General Surgery (02)
23. Cholecystectomy (3515)	General Surgery (02)
24. Repair Hernia (3631)	General Surgery (02)
25. Cystoscopy (3930)	Urology (34)
26. Dilation of Urethra (4031)	Urology (34)
27. Prostatectomy (4316)	Urology (34)
28. Transurethral Electrosection of Prostate (4341)	Urology (34)
29. Hysterectomy (4632)	Obstetrics--Gynecology (16)
30. Extraction of Lens (5611)	Ophthalmology (18)

Procedure and 64 CRVS Code

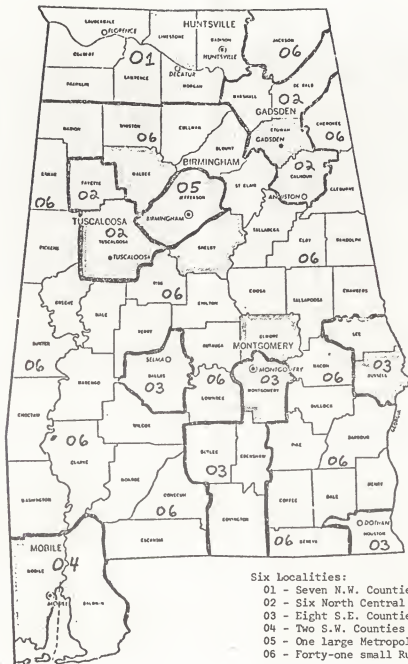
- 31. Chest X-ray (7100)
- 32. X-ray Spine (7210)
- 33. X-ray Hip (7300)
- 34. X-ray Stomach (7356)
- 35. X-ray Colon (7360)
- 36. Cobalt (7603)
- 37. Radiotherapy--Supervoltages (7609)
- 38. Hemoglobin (8622)
- 39. Blood, white cell count (8624)
- 40. Complete Blood Count (8628)
- 41. Cholesterol Blood Test (8652)
- 42. Hematocrit (8681)
- 43. Prothrombin Time Test (8712)
- 44. Sedimentation Rate (8718)
- 45. Blood Sugar (8722)
- 46. BUN--Urea Nitrogen (8745)
- 47. Pap Test (8911)
- 48. Urinalysis (8986)
- 49. EKG (Electrocardiogram) (9101)
- 50. EEG (Electroencephalogram) (9330)

Specialist and Specialty Code

Radiology (30)  
Radiology (30)  
Radiology (30)  
Radiology (30)  
Radiology (30)  
Radiology (30)  
Radiology (30)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Internal Medicine (11)  
Neurology (13)

ALABAMA

# ALABAMA



## Six Localities:

- 01 - Seven N.W. Counties
- 02 - Six North Central Counties
- 03 - Eight S.E. Counties
- 04 - Two S.W. Counties
- 05 - One large Metropolitan County
- 06 - Forty-one small Rural Counties

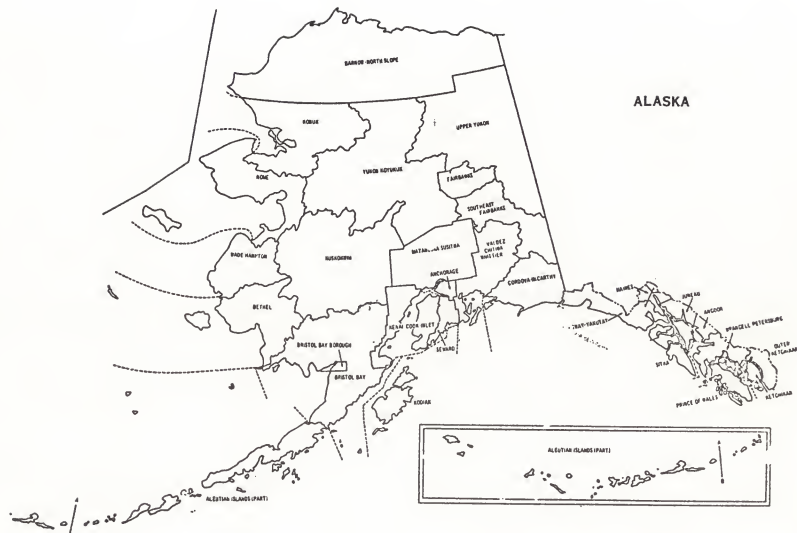
(For more locality information see Appendix A)



PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	01	02	03	04	05	01	02	03	04	05	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	28.10	30.00	30.00	30.00	35.00	31.90	38.30	40.00	40.00	50.00	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	12.00	13.00	14.00	12.00	15.00	12.00	13.00	14.00	12.00	15.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	15.00	15.00	15.00	20.00	15.00	19.20	20.00	15.00	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT											06
07 INITIAL COMP HOSPITAL VISIT	40.00	40.00	40.00	40.00	40.00	40.00	40.00	44.70	40.00	45.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	5.50	5.00	12.50	7.50	12.50	7.00	12.50	12.50	15.00	14.40	08
09 BIOPSY SKIN	15.00	15.00	15.00	15.00	15.00	40.00	35.00	22.30	22.30	50.00	09
10 RADICAL MASTECTOMY	500.00	500.00	500.00	550.00	500.00	550.00	540.00	520.00	550.00	638.20	10
11 REDUCTION OF FRACTURE	638.20	638.20	638.20	638.20	638.20	638.20	638.20	638.20	638.20	600.00	11
12 ARTHOTOMY	22.00	20.00	20.00	20.00	25.00	22.00	20.00	20.00	20.00	25.00	12
13 NEEDLE PUNCTURE OF BURSA	15.75	25.00	25.00	15.00	30.00	15.00	25.00	15.00	15.00	30.00	13
14 BRONCHOSCOPY	127.60	127.60	127.60	127.60	127.60	127.60	175.00	120.00	140.00	140.00	14
15 THORACENTESIS	25.00	50.00	25.00	25.00	100.00	40.00	50.00	50.00	75.00	100.00	15
16 CATHETERIZATION	250.00	250.00	250.00	250.00	250.00	210.00	210.00	210.00	210.00	300.00	16
17 INSERTION OF PACEMAKER											17
18 BLOOD TRANSFUSION	25.50	25.50	25.50	25.50	25.50	25.50	25.50	25.50	25.50	25.50	18
19 COLECTOMY	600.00	600.00	600.00	600.00	600.00	650.00	600.00	600.00	700.00	1000.00	19
20 APPENDECTOMY	275.00	250.00	250.00	250.00	250.00	250.00	285.00	250.00	300.00	272.60	20
21 SIGMOIDOSCOPY	25.00	25.00	25.00	25.00	25.00	35.00	25.00	31.90	31.90	31.90	21
22 HEMORRHOIDECTOMY	200.00	287.20	250.00	287.20	287.20	250.00	250.00	210.00	300.00	300.00	22
23 CHOLECYSTECTOMY	400.00	400.00	400.00	100.00	400.00	446.70	435.00	446.70	460.00	510.60	23
24 REPAIR HERNIA	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	319.10	24
25 CYSTOSCOPY	35.00	35.00	35.00	35.00	35.00	63.80	50.00	65.00	60.00	55.00	25
26 DILATION OF URETHRA	20.00	20.00	24.00	10.00	30.00	20.00	20.00	24.00	45.00	30.00	26
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	574.40	560.00	600.00	600.00	27
28 ELECTROSESECTION OF PROSTATE	560.00	560.00	560.00	560.00	560.00	510.60	542.50	560.00	550.00	550.00	28
29 HYSTERECTOMY	450.00	450.00	450.00	450.00	450.00	574.40	500.00	500.00	550.00	574.40	29
30 EXTRACTION OF LENS	574.40	574.40	574.40	574.40	574.00	540.00	500.00	525.00	574.40	638.20	30
31 X-RAY CHEST	15.00	15.00	15.30	19.20	20.00	15.00	15.00	17.00	16.60	20.00	31
32 X-RAY SPINE	30.00	25.00	25.50	25.50	20.00	30.00	25.00	35.00	25.50	25.50	32
33 X-RAY HIP	19.20	20.00	19.30	20.00	20.00	19.20	20.00	19.20	19.20	20.00	33
34 X-RAY STOMACH	44.70	40.00	40.00	40.00	40.00	45.00	48.00	50.00	45.00	44.70	34
35 X-RAY COLON	35.00	35.00	35.00	35.00	35.00	40.00	42.00	50.00	44.70	40.00	35
36 COBALT	12.80	12.80	12.80	12.80	12.80	13.00	25.00	25.00	15.00	37.00	36
37 RADIOTHERAPY	19.20	19.20	19.20	19.20	19.20	15.00	24.00	30.00	19.20	23.00	37
38 HEMOGLOBIN	3.00	3.00	1.60	2.80	6.50	4.00	3.80	4.00	3.00	2.00	38
39 WHITE CELL COUNT	5.00	5.00	6.00	5.00	5.00	5.00	5.00	6.00	5.00	5.00	39
40 COMPLETE BLOOD COUNT	10.00	8.00	8.00	7.70	10.00	8.00	8.00	8.00	7.00	10.00	40
41 CHOLESTERAL BLOOD COUNT	8.00	6.00	8.00	8.00	8.00	5.00	5.00	5.00	5.00	5.00	41
42 HEMATOCRIT	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	42
43 PROTHROMBIN	6.00	8.00	6.60	6.00	8.00	6.00	6.00	6.00	6.00	8.00	43
44 SEDIMENTATION RATE	5.00	5.00	6.00	5.00	6.00	5.00	8.00	6.00	5.00	6.00	44
45 BLOOD SUGAR	10.00	8.00	9.00	10.00	10.00	10.00	8.00	9.00	10.00	10.00	45
46 BUN UREA NITRATE	8.00	6.00	8.00	5.00	8.00	8.00	6.00	8.00	5.00	7.00	46
47 PAP TEST	12.00	10.00	10.00	10.00	15.00	10.00	10.00	10.00	10.00	10.00	47
48 URINALYSIS	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	48
49 ELECTROCARDIOGRAM	15.10	20.00	20.00	20.00	20.00	16.00	20.00	20.00	20.00	21.00	49
50 ELECTROENCEPHALOGRAM	60.00	60.00	60.00	60.00	60.00	55.00	55.00	55.00	55.00	55.00	50

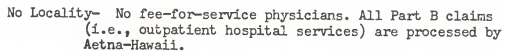
PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	06		06	
01 INITIAL LIMITED OFFICE VISIT				01
02 INITIAL COMP OFFICE VISIT	25.00		44.70	02
03 MINIMAL OFFICE VISIT				03
04 ROUTINE BRIEF OFFICE VISIT	12.00		12.00	04
05 ROUTINE BRIEF HOME VISIT	15.00		15.00	05
06 INITIAL BRIEF HOSPITAL VISIT				06
07 INITIAL COMP HOSPITAL VISIT	40.00		45.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00		15.00	08
09 BIOPSY SKIN	15.00		35.00	09
10 RADICAL MASTECTOMY	500.00		550.00	10
11 REDUCTION OF FRACTURE	638.20		638.20	11
12 ARTHOTOMY	15.00		19.20	12
13 NEEDLE PUNCTURE OF BURSA	25.00		10.00	13
14 BRONCHOSCOPY	127.60		125.00	14
15 THORACENTESIS	75.00		75.00	15
16 CATHETERIZATION	250.00		250.00	16
17 INSERTION OF PACEMAKER				17
18 BLOOD TRANSFUSION	25.50		25.50	18
19 COLECTOMY	600.00		702.00	19
20 APPENDECTOMY	250.00		297.00	20
21 SIGMOIDOSCOPY	25.00		31.90	21
22 HEMORRHOIDECTOMY	287.20		225.00	22
23 CHOLECYSTECTOMY	375.00		414.80	23
24 REPAIR HERNIA	250.00		250.00	24
25 CYSTOSCOPY	35.00		51.10	25
26 DILATION OF URETHRA	15.00		10.00	26
27 PROSTATECTOMY	600.00		600.00	27
28 ELECTROSECTION OF PROSTATE	560.00		560.00	28
29 HYSTERECTOMY	450.00		574.40	29
30 EXTRACTION OF LENS	574.00		550.00	30
31 X-RAY CHEST	16.00		16.00	31
32 X-RAY SPINE	25.00		25.50	32
33 X-RAY HIP	18.00		19.20	33
34 X-RAY STOMACH	40.00		51.10	34
35 X-RAY COLON	38.30		44.70	35
36 COBALT	12.80		15.00	36
37 RADIOTHERAPY	19.20		19.20	37
38 HEMOGLOBIN	3.00		2.70	38
39 WHITE CELL COUNT	5.00		5.00	39
40 COMPLETE BLOOD COUNT	8.50		9.00	40
41 CHOLESTEROL BLOOD COUNT	8.00		7.00	41
42 HEMATOCRIT	5.00		5.00	42
43 PROTHROMBIN	6.00		6.00	43
44 SEDIMENTATION RATE	6.40		5.00	44
45 BLOOD SUGAR	8.00		8.00	45
46 SUN UREA NITRATE	7.00		7.70	46
47 PAP TEST	10.00		10.00	47
48 URINALYSIS	7.00		5.00	48
49 ELECTROCARDIOGRAM	19.20		25.00	49
50 ELECTROENCEPHALOGRAPH	60.00		55.00	50

ALASKA



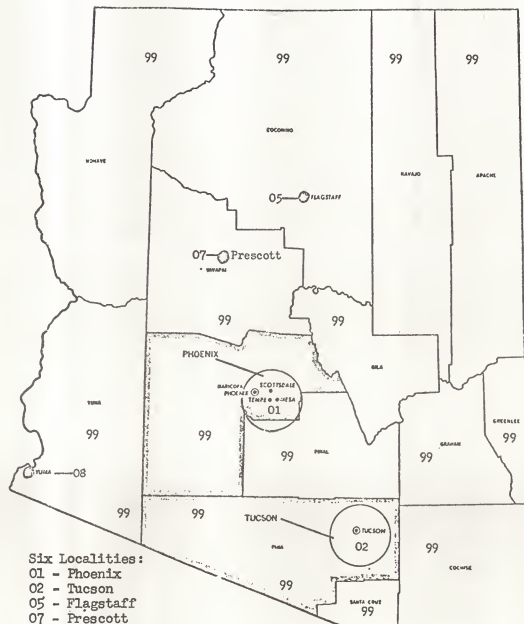
One Locality - Statewide

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	SINGLE		SINGLE	
01 INITIAL LIMITED OFFICE VISIT				01
02 INITIAL COMP OFFICE VISIT	63.80		63.80	02
03 MINIMAL OFFICE VISIT	10.20		10.80	03
04 ROUTINE BRIEF OFFICE VISIT	15.00		15.30	04
05 ROUTINE BRIEF HOME VISIT	25.00		22.00	05
06 INITIAL BRIEF HOSPITAL VISIT	38.30		38.30	06
07 INITIAL COMP HOSPITAL VISIT	63.80		70.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.00		15.30	08
09 BIOPSY SKIN	15.00		30.00	09
10 RADICAL MASTECTOMY	738.00		669.90	10
11 REDUCTION OF FRACTURE	968.00*		1080.00*	11
12 ARTHOTMY	30.00		31.90	12
13 NEEDLE PUNCTURE OF BURSA	27.00		30.00	13
14 BRONCHOSCOPY	192.00		192.00	14
15 THORACENTESIS	35.60		40.00	15
16 CATHETERIZATION	419.60		444.10	16
17 INSERTION OF PACEMAKER	1210.00*		1220.00*	17
18 BLOOD TRANSFUSION	24.20*		25.80*	18
19 COLECTOMY	1020.80		1020.80	19
20 APPENDECTOMY	523.00		474.70	20
21 SIGMOIDOSCOPY	35.00		36.00	21
22 HEMORRHOIDECTOMY	385.00		385.00	22
23 CHOLECYSTECTOMY	725.00		740.10	23
24 REPAIR HERNIA	423.00		450.00	24
25 CYSTOSCOPY	80.00		80.00	25
26 DILATION OF URETHRA	22.00		18.00	26
27 PROSTATECTOMY	918.70		918.70	27
28 ELECTROSECTION OF PROSTATE	1020.80		918.70	28
29 HYSTERECTOMY	847.00*		1113.00*	29
30 EXTRACTION OF LENS	900.00		900.00	30
31 X-RAY CHEST	23.00		23.00	31
32 X-RAY SPINE	40.00		40.00	32
33 X-RAY HIP	39.00		38.30	33
34 X-RAY STOMACH	71.50		71.50	34
35 X-RAY COLON	61.30		61.30	35
36 COLALY	33.00*		32.40*	36
37 RADIOTHERAPY	44.00*		43.20*	37
38 HEMOGLOBIN	4.50		5.00	38
39 WHITE CELL COUNT	5.00		4.00	39
40 COMPLETE BLOOD COUNT	12.00		15.00	40
41 CHOLESTERAL BLOOD COUNT	13.50		13.80	41
42 HEMATOCRIT	4.50		4.40	42
43 PROTHROMBIN	10.00		10.00	43
44 SEDIMENTATION RATE	8.00		7.00	44
45 BLOOD SUGAR	12.00		11.50	45
46 BUN UREA NITRATE	12.50		13.80	46
47 PAP TEST	13.00		9.00	47
48 URINALYSIS	7.00		6.00	48
49 ELECTROCARDIOGRAM	36.00		32.50	49
50 ELECTROENCEPHALOGRAM	76.60		76.60	50

[illegible]

ARIZONA

# ARIZONA



## Six Localities:

- 01 - Phoenix
- 02 - Tucson
- 05 - Flagstaff
- 07 - Prescott
- 08 - Yuma
- 99 - All other parts of the State

(For more locality information  
see Appendix A)



PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	O1	O2	O7	O8	O5	O1	O2	O7	O8	O5	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	44.70	38.30	44.70	44.70	44.70	57.40	63.80	57.40	57.40	57.40	02
03 MINIMAL OFFICE VISIT	6.40	8.00	6.40	2.60	6.40	6.00	6.40	6.40	6.40	6.40	03
04 ROUTINE BRIEF OFFICE VISIT	10.20	10.00	10.20	9.60	8.90	15.00	12.80	12.80	12.80	10.30	04
05 ROUTINE BRIEF HOME VISIT	19.10	19.10	15.00	19.10	16.00	25.00	19.10	20.00	20.00	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90	35.00	30.00	44.70	40.00	44.70	38.00	44.70	44.70	45.00	06
07 INITIAL COMP HOSPITAL VISIT	48.00	45.90	50.00	50.00	50.00	60.00	44.70	51.00	51.00	51.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	12.00	10.20	10.00	12.80	15.00	12.80	15.00	15.00	15.00	08
09 BIOPSY SKIN	25.00	25.00	25.00	25.00	25.00	30.00	36.30	30.00	30.00	30.00	09
10 RADICAL MASTECTOMY	728.00*	640.00*	600.00*	640.00*	712.00*	864.00*	736.00*	816.00*	816.00*	816.00*	10
11 REDUCTION OF FRACTURE	19.10	20.00	15.00	19.10	19.10	19.10	19.10	19.10	19.10	19.10	11
12 ARTHOTOMY	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	12
13 NEEDLE PUNCTURE OF BURSA	159.50	159.50	159.50	159.50	159.50	159.50	159.50	159.50	159.50	159.50	13
14 BRONCHOSCOPY	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	38.30	14
15 THORACENTESIS	370.00	370.00	370.00	370.00	370.00	370.00	303.70	370.00	370.00	370.00	15
16 CATHETERIZATION	950.00	950.00	950.00	950.00	950.00	950.00	950.00	950.00	950.00	950.00	16
17 INSERTION OF PACEMAKER	18.20*	16.00*	15.00*	16.00*	17.80*	19.20*	18.40*	18.80*	18.80*	20.40	17
18 BLOOD TRANSFUSION	756.00	756.00	756.00	756.00	756.00	756.00	700.00	756.00	756.00	756.00	18
19 COLECTOMY	382.80	382.80	382.80	382.80	382.80	380.00	382.80	382.80	382.80	382.80	19
20 APPENDECTOMY	26.80	31.90	26.80	26.80	26.80	30.00	25.00	25.50	25.50	25.50	20
21 SIGMOIDOSCOPY	319.00	319.00	319.00	319.00	319.00	300.00	290.90	300.00	300.90	300.00	21
22 HEMORRHOIDECTOMY	510.40	510.40	510.40	510.40	510.40	606.10	535.90	574.20	574.20	574.20	22
23 CHOLECYSTECTOMY	319.00	315.00	315.00	315.00	315.00	357.30	331.80	357.30	357.30	357.30	23
24 REPAIR HERNIA	44.70	44.70	44.70	44.70	44.70	44.70	45.00	44.70	44.70	44.70	24
25 CYSTOSCOPY	19.10	21.10	21.10	21.10	21.10	18.00	15.00	18.00	18.00	18.00	25
26 DILATION OF URETHRA	676.30	676.30	676.30	676.30	676.30	714.60	663.50	676.30	676.30	676.30	26
27 PROSTATECTOMY	701.80	701.80	701.80	701.80	701.80	714.60	663.50	701.80	701.80	701.80	27
28 ELECTROSECTION OF PROSTATE	638.00	638.00	638.00	638.00	638.00	638.00	638.00	638.00	638.00	638.00	28
29 HYSTERECTOMY	638.00	638.00	638.00	638.00	638.00	638.00	638.00	638.00	638.00	638.00	29
30 EXTRACTION OF LENS	19.10	16.00	19.00	15.00	19.00	21.10	15.30	16.00	16.00	16.00	30
31 X-RAY CHEST	31.90	35.00	31.90	31.90	31.90	39.00	23.00	35.70	35.70	35.70	31
32 X-RAY SPINE	30.00	30.00	30.00	30.00	30.00	28.10	25.00	25.00	25.00	25.00	32
33 X-RAY HIP	45.00	45.00	45.00	45.00	45.00	48.00	53.60	53.60	53.60	53.60	33
34 X-RAY STOMACH	40.00	40.00	40.00	40.00	40.00	48.00	45.90	49.00	49.00	49.00	34
35 X-RAY COLON	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	35
36 COBALT	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	36
37 RADIOGRAPHY	3.00	5.00	4.00	4.00	4.00	4.00	2.25	4.00	4.00	4.00	37
38 HEMOGLOBIN	4.00	4.00	4.00	4.00	4.00	4.00	2.50	4.00	4.00	4.00	38
39 WHITE CELL COUNT	8.00	8.00	8.00	7.00	8.00	8.00	8.00	8.00	8.00	8.00	39
40 COMPLETE BLOOD COUNT	6.50	7.50	6.50	6.50	6.50	7.00	6.00	7.00	7.00	7.00	40
41 CHOLESTERAL BLOOD COUNT	4.00	2.00	2.00	4.00	4.00	4.00	2.25	4.00	4.00	4.00	41
42 HEMATOCRIT	6.00	5.50	5.00	6.00	6.00	6.00	5.50	5.50	5.50	5.50	42
43 PROTHROMBIN	5.00	4.00	5.00	5.00	5.00	4.00	4.00	4.00	4.00	4.00	43
44 SEDIMENTATION RATE	6.50	6.00	6.50	7.00	6.50	6.00	5.00	6.00	6.00	6.00	44
45 BLOOD SUGAR	6.50	7.00	6.50	6.50	6.50	7.50	6.00	7.00	7.00	7.00	45
46 BUN UREA NITRATE	8.00	10.00	8.00	15.00	8.00	7.50	5.00	7.00	7.00	7.00	46
47 PAP TEST	5.00	5.00	4.00	4.00	4.00	5.00	4.00	5.00	5.00	5.00	47
48 URINALYSIS	22.00	20.00	23.00	21.00	23.00	22.00	19.10	20.00	20.00	20.00	48
49 ELECTROCARDIOGRAM	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	49
50 ELECTROENCEPHALGRAM											50

## LOCALITY DESIGNATION FOR GENERAL PRACTICE

## LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
01 INITIAL LIMITED OFFICE VISIT			01
02 INITIAL COMP OFFICE VISIT	35.00	57.40	02
03 MINIMAL OFFICE VISIT	6.00	6.40	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	8.90	04
05 ROUTINE BRIEF HOME VISIT	19.10	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90	38.30	06
07 INITIAL COMP HOSPITAL VISIT	35.00	51.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.20	10.50	08
09 BIOPSY SKIN	25.00	30.00	09
10 RADICAL MASTECTOMY	689.00	700.00	10
11 REDUCTION OF FRACTURE	576.00*	816.00*	11
12 ARTHOTMY	19.10	19.10	12
13 NEEDLE PUNCTURE OF BURSA	20.00	19.00	13
14 BRONCHOSCOPY	159.50	159.50	14
15 THORACENTESIS	31.90	31.90	15
16 CATHETERIZATION	370.00	370.00	16
17 INSERTION OF PACEMAKER	950.00	950.00	17
18 BLOOD TRANSFUSION	14.40*	18.80*	18
19 COLECTOMY	756.00	756.00	19
20 APPENDECTOMY	382.80	382.80	20
21 SIGMOIDOSCOPY	35.00	25.50	21
22 HEMORRHOIDECTOMY	319.00	300.00	22
23 CHOLECYSTECTOMY	510.40	510.40	23
24 REPAIR HERNIA	300.00	311.50	24
25 CYSTOSCOPY	44.70	44.70	25
26 DILATION OF URETHRA	19.10	18.00	26
27 PROSTATECTOMY	676.30	676.30	27
28 ELECTROSECTION OF PROSTATE	701.80	701.80	28
29 HYSTERECTOMY	638.00	638.00	29
30 EXTRACTION OF LENS	638.00	638.00	30
31 X-RAY CHEST	16.00	16.00	31
32 X-RAY SPINE	27.00	35.70	32
33 X-RAY HIP	30.00	25.00	33
34 X-RAY STOMACH	51.00	53.60	34
35 X-RAY COLON	44.70	49.00	35
36 COBALT	19.10	19.10	36
37 RADIO THERAPY	19.10	19.10	37
38 HEMOGLOBIN	4.00	4.00	38
39 WHITE CELL COUNT	3.00	4.00	39
40 COMPLETE BLOOD COUNT	9.00	9.00	40
41 CHOLESTERAL BLOOD COUNT	7.50	7.00	41
42 HEMATOCRIT	3.50	4.00	42
43 PROTHROMBIN	7.00	5.50	43
44 SEDIMENTATION RATE	6.00	4.00	44
45 BLOOD SUGAR	7.00	6.00	45
46 BUN UREA NITRATE	8.00	7.00	46
47 PAP TEST	10.00	6.50	47
48 URINALYSIS	5.00	4.50	48
49 ELECTROCARDIOGRAM	25.00	19.10	49
50 ELECTROENCEPHALOGRAM	60.00	60.00	50

ARKANSAS

# ARKANSAS



## Five Localities:

- 01 - Pulaski, Sebastian
- 02 - Craighead, Garland, Jefferson, Miller, Union, Washington
- 03 - Crittenden, Mississippi, Ouachita, Phillips, Pope, Saline
- 04 - Arkansas, Ashley, Baxter, Benton, Boone, Chicot, Clark, Columbia, Faulkner, Greene, Hot Spring, Independence, Jackson, St. Francis, White
- 05 - Bradley, Calhoun, Carroll, Clay, Cleburne, Cleveland, Conway, Crawford, Cross, Dallas, Desha, Drew, Franklin, Fulton, Grant, Hempstead, Howard, Izard, Johnson, Lafayette, Lawrence, Lee, Lincoln, Logan, Little River, Lonoke, Madison, Marion, Monroe, Montgomery, Nevada, Newton, Perry, Pike, Poinsett, Polk, Prairie, Randolph, Scott, Sevier, Searcy, Sharp, Stone, Van Buren, Woodruff, Yell (Counties)

## 1977 PREVAILING CHARGE SUMMARY DATA

ARKANSAS 8/C-8/S

ARKANSAS

LOCALITY DESIGNATION FOR GENERAL PRACTICE						LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	001	002	003	004	005	001	002	003	004	005
01 INITIAL LIMITED OFFICE VISIT										
02 INITIAL COMP OFFICE VISIT	31.90	15.00	20.00	25.00	15.00	90.00	31.90	31.90	38.30	65.00
03 MINIMAL OFFICE VISIT										
04 ROUTINE BRIEF OFFICE VISIT	8.90	7.70	7.70	6.40	6.40	10.20	9.60	8.90	7.70	10.00
05 ROUTINE BRIEF HOME VISIT	15.00	12.00	12.80	12.80	10.00	19.10	11.00	15.00	10.00	17.50
06 INITIAL BRIEF HOSPITAL VISIT	30.00	25.00	25.00	25.00	25.00	50.00	35.00	25.00	25.00	40.00
07 INITIAL COMP HOSPITAL VISIT	35.00	35.00	25.00	31.90	27.00	75.00	38.30	25.00	35.00	44.70
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	8.90	7.00	7.70	7.70	12.80	12.00	5.00	7.00	10.00
09 BIOPSY SKIN	20.00	20.00	18.00	20.00	20.00	25.00	25.00	19.50	19.10	19.10
10 RADICAL MASTECTOMY	550.00	638.00	510.40	425.00	550.00	550.00	638.00	510.40	425.00	550.00
11 REDUCTION OF FRACTURE	616.00*	512.00*	512.00*	512.00*	512.00*	616.00*	512.00*	616.00*	512.00*	512.00*
12 ARTHOTOMY	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
13 NEEDELE PUNCTURE OF BURSA	15.40*	12.80*	12.80*	12.80*	12.80*	15.40*	12.80*	15.40*	12.80*	12.80*
14 BRONCHOSCOPY	127.60	159.50	95.70	95.70	127.60	127.60	159.50	95.70	95.70	127.60
15 THORACENTESIS	15.00	15.00	15.00	15.00	15.00	31.90	35.00	34.00	35.00	31.90
16 CATHETERIZATION	255.20	255.20	255.20	255.20	255.20	255.20	255.20	255.20	255.20	400.00
17 INSERTION OF PACEMAKER	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	255.20
18 BLOOD TRANSFUSION	15.40*	12.80*	12.80*	12.80*	12.80*	15.40*	12.80*	15.40*	12.80*	12.80*
19 COLECTOMY	650.00	500.00	600.00	600.00	600.00	650.00	500.00	600.00	574.20	600.00
20 APPENDECTOMY	250.00	250.00	250.00	250.00	250.00	300.00	300.00	255.20	250.00	300.00
21 SIGMOIDOSCOPY	19.10	30.00	25.00	20.00	25.00	35.00	25.00	31.90	31.90	35.00
22 HEMORRHOIDECTOMY	308.00*	256.00*	256.00*	256.00*	256.00*	308.00*	256.00*	308.00*	256.00*	256.00*
23 CHOLECYSTECTOMY	385.00	400.00	382.80	385.00	382.80	446.60	435.00	382.80	375.00	446.60
24 REPAIR HERNIA	250.00	250.00	210.00	250.00	223.30	310.00	268.00	255.20	250.00	255.20
25 CYSTOSCOPY	63.80	44.70	44.70	31.90	63.80	63.80	50.00	44.70	50.00	63.80
26 DILATION OF URETHRA	10.00	15.00	10.00	10.00	10.00	11.00	10.00	12.00	10.00	11.00
27 PROSTATECTOMY	542.30	510.40	480.00	510.40	510.40	542.30	510.40	382.80	510.40	510.40
28 ELECTROSECTION OF PROSTATE	546.10	510.40	480.00	542.30	542.30	546.10	510.40	382.80	542.30	542.30
29 HYSTERECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
30 EXTRACTION OF LENS	450.00	475.00	480.00	450.00	450.00	450.00	446.60	446.60	450.00	446.60
31 X-RAY CHEST	17.00	15.00	15.00	15.00	15.00	15.00				
32 X-RAY SPINE	35.00	35.00	35.00	35.00	25.00	35.00				
33 X-RAY HIP	15.00	18.00	18.50	17.00	18.00	15.00				
34 X-RAY STOMACH	23.10*	19.20*	19.20*	19.20*	19.20*	22.20*				
35 X-RAY COLON	35.00	31.90	38.30	40.00	40.00	38.30				
36 COBALT	25.00	21.70	21.70	21.70	21.70	25.00				
37 RADIO THERAPY	20.00	20.00	20.00	20.00	20.00	20.00				
38 HEMOGLOBIN	3.50	3.00	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	4.00	4.00	3.00	3.00	3.50	3.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	9.75	8.00	7.00	8.00	8.00	12.25	8.00	7.00	8.50	8.50
41 CHOLESTERAL BLOOD COUNT	8.00	5.50	7.00	7.00	6.00	8.25	6.00	8.00	6.00	8.00
42 HEMATOCRIT	4.00	3.00	4.00	3.00	3.00	4.00	2.00	3.00	2.25	3.00
43 PROTHROMBIN	6.00	6.00	6.00	6.00	6.00	7.00	7.00	5.00	6.00	6.00
44 SEDIMENTATION RATE	6.00	3.00	6.00	5.00	5.00	4.00	5.00	4.00	4.00	4.00
45 BLOOD SUGAR	7.00	6.00	8.50	7.00	6.00	7.00	6.00	8.50	6.50	6.50
46 BUN UREA NITRATE	7.00	5.00	6.00	7.00	6.00	7.50	6.00	7.50	6.50	7.50
47 PAP TEST	10.00	13.00	8.00	10.00	10.00	10.50	9.00	9.00	10.00	9.00
48 URINALYSIS	4.00	4.00	3.00	4.00	3.00	6.00	4.00	3.00	4.00	5.00
49 ELECTROCARDIOGRAM	18.00	15.00	17.50	19.10	16.50	19.10	16.50	17.00	16.50	18.00
50 ELECTROENCEPHALGRAM	57.50	44.76	44.70	44.70	44.70	57.50	57.50	57.50	44.70	44.70

# CALIFORNIA



Twenty-eight Localities - Conform to PSRO Areas:  
Blue Shield handles all of 1-14 and the  
Medicare/Medi-Cal claims from 15-28

Occidental handles non-Medi-Cal claims from  
15-28

There are 42 screens for California as a  
result of the overlap

(For more locality information  
see Appendix A)



## 1977 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

## CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-01	PSRO-02	PSRO-03	PSRO-04	PSRO-05	PSRO-01	PSRO-02	PSRO-03	PSRO-04	PSRO-05	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	56.00	57.40	57.40	57.40	56.00	62.50	56.00	61.25	56.00	63.80	02
03 MINIMAL OFFICE VISIT	7.00	7.00	7.00	6.00	8.00	7.00	6.00	8.00	7.00	8.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	11.00	10.00	12.50	11.50	10.20	12.80	11.50	12.80	04
05 ROUTINE BRIEF HOME VISIT	19.10	19.10	25.00	19.90	20.00	17.90	18.00	17.00	19.50	21.60	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90	30.00	25.00	35.00	31.90	30.00	26.00	31.90	38.00	31.90	06
07 INITIAL COMP HOSPITAL VISIT	59.50	53.60	63.00	53.60	51.00	66.00	60.00	63.80	56.50	63.80	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	11.00	11.00	12.50	12.80	12.00	12.50	15.00	12.00	15.00	08
09 BIOPSY SKIN	27.00	25.00	28.00	25.00	31.90	27.00	29.00	30.00	27.00	35.00	09
10 RADICAL MASTECTOMY	700.00	700.00	700.00	700.00	720.00	625.20	746.50	803.90	714.60	900.00	10
11 REDUCTION OF FRACTURE	1080.80	1080.80	1080.80	1080.80	1080.80	823.00	841.80	926.00	851.90	1234.70	11
12 ARTHOTMY	16.00	17.00	17.50	14.00	16.00	12.00	20.00	15.50	18.00	25.00	12
13 NEEDLE PUNCTURE OF BURSA	16.00	17.70	16.00	23.10	30.00	18.50	16.00	18.50	18.50	20.90	13
14 BRONCHOSCOPY	162.00	162.00	162.00	162.00	162.00	137.80	153.10	162.00	137.00	191.40	14
15 THORACENTESIS	26.80	33.00	32.00	26.80	38.30	27.60	32.00	35.00	30.60	38.30	15
16 CATHETERIZATION	335.00	335.00	335.00	335.00	335.00	319.00	319.00	319.00	319.00	300.00	16
17 INSERTION OF PACEMAKER						942.90	942.90	942.90	942.90	942.90	17
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	20.00	16.00	16.00	16.00	16.00	16.00	18
19 COLECTOMY	786.00	786.00	786.00	786.00	800.00	745.20	795.50	838.30	771.20	894.20	19
20 APPENDECTOMY	357.30	363.70	363.70	360.00	400.00	363.70	363.70	424.30	401.90	484.90	20
21 SIGMOIDOSCOPY	24.60	26.50	25.00	29.50	29.50	25.50	27.90	27.90	27.90	32.70	21
22 HEMORRHOIDECTOMY	280.00	280.00	287.10	268.00	350.00	268.00	268.00	344.50	287.10	357.30	22
23 CHOLECYSTECTOMY	574.20	574.20	600.00	612.50	701.80	574.20	610.60	725.00	612.50	750.00	23
24 REPAIR HERNIA	360.00	360.00	360.00	360.00	446.60	382.80	382.80	401.90	360.00	446.60	24
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	50.00	42.50	47.20	49.80	44.40	56.70	25
26 DILATION OF URETHRA	16.00	23.00	18.00	15.00	17.50	26.80	20.00	20.00	20.00	22.50	26
27 PROSTATECTOMY	700.00	700.00	700.00	700.00	700.00	714.60	760.00	816.60	816.60	1084.60	27
28 ELECTROSECTION OF PROSTATE	800.00	800.00	800.00	800.00	800.00	765.60	760.00	893.20	765.60	1020.80	28
29 HYSTERECTOMY	714.60	714.60	714.60	714.60	714.60	701.80	689.00	800.00	701.80	893.20	29
30 EXTRACTION OF LENS	648.50	648.50	648.50	648.50	660.00	790.10	680.00	740.70	651.80	987.60	30
31 X-RAY CHEST	19.10	18.00	15.00	19.10	17.00	18.00	16.00	20.00	16.00	18.50	31
32 X-RAY SPINE	27.00	26.80	23.00	25.00	26.80	28.50	26.00	31.90	28.00	33.00	32
33 X-RAY HIP	30.60	27.00	26.80	33.20	32.00	30.60	26.50	29.00	29.40	28.70	33
34 X-RAY STOMACH	53.50	53.50	53.50	53.50	49.00	57.00	50.00	57.00	56.25	57.40	34
35 X-RAY COLON	51.00	51.00	52.00	43.00	50.00	48.00	45.90	53.60	50.40	54.20	35
36 COBALT						22.20	22.20	22.20	22.20	22.20	36
37 RADIOTHERAPY						30.75	30.75	30.75	30.75	25.50	37
38 HEMOGLOBIN	3.60	4.00	3.50	4.00	5.00	3.70	2.00	3.00	3.50	3.00	38
39 WHITE CELL COUNT	4.00	4.00	2.75	5.00	3.60	3.00	4.00	3.00	3.00	2.50	39
40 COMPLETE BLOOD COUNT	9.60	10.00	12.00	10.00	8.00	7.00	12.00	9.00	9.50	8.50	40
41 CHOLESTEROL BLOOD COUNT	8.00	8.00	11.00	8.00	7.00	7.30	8.00	8.00	10.00	8.00	41
42 HEMATOCRIT	3.00	4.00	4.00	5.00	5.00	4.50	3.00	4.00	3.00	3.00	42
43 PROTHROMBIN	5.60	7.00	6.00	7.00	7.00	4.50	7.00	6.00	5.00	7.00	43
44 SEDIMENTATION RATE	4.90	5.00	7.00	6.00	6.00	4.50	7.00	5.00	5.75	5.70	44
45 BLOOD SUGAR	8.00	8.50	10.00	8.00	7.00	7.30	8.00	8.00	6.30	8.00	45
46 BUN UREA NITRATE	8.00	7.50	8.00	8.50	6.00	8.00	8.00	8.00	10.00	8.00	46
47 PAP TEST	9.00	10.00	10.00	10.00	15.50	9.00	9.00	11.00	10.00	10.00	47
48 URINALYSIS	4.00	5.00	5.00	5.00	5.00	4.50	5.00	5.00	5.00	5.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	22.00	22.50	25.00	25.00	22.50	22.50	49
50 ELECTROENCEPHALOGRAM	60.00	60.00	60.00	60.00	60.00	63.80	63.80	63.80	63.80	55.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA

## CALIFORNIA PHYSICIANS SERVICE

## CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-06	PSRO-07	PSRO-08	PSRO-09	PSRO-10	PSRO-06	PSRO-07	PSRO-08	PSRO-09	PSRO-10	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	51.00	50.00	53.60	53.60	53.60	60.00	63.80	53.60	60.00	56.00	02
03 MINIMAL OFFICE VISIT	8.00	7.00	7.20	8.00	6.00	7.50	7.70	7.75	8.00	6.50	03
04 ROUTINE BRIEF OFFICE VISIT	12.80	11.50	10.00	11.50	9.00	15.00	12.80	9.50	12.80	12.50	04
05 ROUTINE BRIEF HOME VISIT	23.50	23.00	19.10	19.90	16.00	22.00	24.50	16.00	24.50	19.90	05
06 INITIAL BRIEF HOSPITAL VISIT	38.30	36.00	30.00	30.00	24.00	35.00	35.00	29.25	44.70	38.30	06
07 INITIAL COMP HOSPITAL VISIT	50.00	57.40	56.00	56.00	53.60	63.80	63.80	62.50	63.00	53.60	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	12.80	10.00	12.80	10.00	15.00	15.00	9.50	15.00	12.80	08
09 BIOPSY SKIN	31.90	31.00	30.00	30.00	26.80	29.40	30.00	24.00	27.00	27.00	09
10 RADICAL MASTECTOMY	720.00	700.00	700.00	720.00	700.00	829.40	765.60	630.00	810.00	803.90	10
11 REDUCTION OF FRACTURE	1080.80	1080.80	1080.80	1080.80	1080.80	1028.80	982.10	823.00	1089.60	880.00	11
12 ARTHOTOMY	18.00	15.00	17.50	15.00	19.10	16.50	19.10	20.00	15.00	20.00	12
13 NEEDLE PUNCTURE OF BURSA	22.10	20.00	21.20	19.70	19.70	20.00	20.00	18.60	18.60	18.60	13
14 BRONCHOSCOPY	162.00	162.00	162.00	162.00	162.00	200.00	191.40	180.00	162.00	150.00	14
15 THORACENTESIS	31.90	31.90	26.80	30.00	27.00	34.50	34.50	30.00	32.40	30.80	15
16 CATHETERIZATION OF PACEMAKER	335.00	335.00	335.00	335.00	335.00	319.00	300.00	319.00	300.00	319.00	16
17 INSERTION OF PACEMAKER						942.90	942.90	942.90	942.90	942.90	17
18 BLOOD TRANSFUSION	20.00	20.00	20.40	20.00	20.00	16.00	16.00	16.00	16.00	16.00	18
19 COLECTOMY	786.00	786.00	786.00	786.00	786.00	973.50	838.30	670.70	838.30	720.00	19
20 APPENDECTOMY	363.70	363.70	363.70	350.00	363.70	436.40	459.40	400.00	421.10	360.00	20
21 SIGMOIDOSCOPY	29.50	29.50	29.50	25.00	29.50	30.00	32.70	25.10	27.90	32.70	21
22 HEMORRHOIDECTOMY	300.00	300.00	268.00	300.00	268.00	357.30	350.00	306.20	385.00	295.00	22
23 CHOLECYSTECTOMY	600.00	650.60	535.90	612.50	555.10	765.60	650.80	555.10	679.50	612.50	23
24 REPAIR HERNIA	446.60	395.60	350.80	382.80	350.90	446.60	401.90	350.90	401.90	350.90	24
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	50.00	54.90	53.90	47.50	51.00	50.00	25
26 DILATION OF URETHRA	18.00	16.00	18.00	18.00	18.00	19.10	16.60	22.50	18.50	20.00	26
27 PROSTATECTOMY	700.00	700.00	700.00	700.00	700.00	861.30	893.20	680.00	893.20	861.30	27
28 ELECTROSECTION OF PROSTATE	800.00	800.00	800.00	800.00	800.00	900.00	829.40	800.00	842.20	800.00	28
29 HYSTERECTOMY	717.00	714.60	714.60	714.60	714.60	893.20	733.70	689.00	765.60	765.60	29
30 EXTRACTION OF LENS	650.00	648.50	648.50	660.00	648.50	839.50	839.50	790.10	790.10	691.30	30
31 X-RAY CHEST	18.00	18.00	19.10	17.00	16.00	19.10	17.00	16.20	16.25	18.00	31
32 X-RAY SPINE	26.80	30.00	28.00	30.00	26.80	33.20	42.00	29.75	28.50	33.20	32
33 X-RAY HIP	32.00	27.00	32.00	32.00	32.00	30.60	27.00	26.50	27.00	25.00	33
34 X-RAY STOMACH	62.00	62.50	53.50	53.50	53.50	61.25	54.20	48.50	57.00	57.00	34
35 X-RAY COLON	51.00	53.60	51.00	51.00	51.00	56.00	51.00	48.60	50.00	43.50	35
36 COBALT						22.20	22.20	22.20	22.20	22.20	36
37 RADIO THERAPY						30.75	30.75	30.75	30.75	30.75	37
38 HEMOGLOBIN	5.00	4.00	3.90	3.50	4.00	3.50	4.25	4.00	3.50	4.00	38
39 WHITE CELL COUNT	3.75	3.00	4.00	4.00	3.00	3.00	3.00	4.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	10.80	15.00	9.25	8.00	9.00	10.00	10.00	9.00	9.50	40
41 CHOLESTERAL BLOOD COUNT	8.00	8.75	8.00	7.00	7.00	8.00	8.50	8.00	6.00	8.00	41
42 HEMATOCRIT	3.00	4.00	3.90	4.00	4.00	4.50	4.00	4.00	3.00	4.00	42
43 PROTHROMBIN	5.50	8.00	8.60	7.00	5.00	7.50	7.00	6.00	6.00	6.00	43
44 SEDIMENTATION RATE	6.00	6.00	5.90	5.00	4.00	6.00	6.50	5.00	5.00	5.70	44
45 BLOOD SUGAR	7.20	8.00	8.00	7.00	7.75	8.00	8.00	9.25	8.00	8.00	45
46 BUN UREA NITRATE	7.00	8.00	8.00	7.00	7.00	8.50	8.75	8.00	8.00	8.00	46
47 PAP TEST	8.00	9.50	8.00	8.00	9.50	8.00	9.00	8.50	8.00	9.00	47
48 URINALYSIS	5.00	5.00	4.75	5.00	5.00	5.00	5.00	4.50	4.50	4.00	48
49 ELECTROCARDIOGRAM	21.00	25.00	26.80	25.00	25.00	22.00	25.00	25.00	23.00	23.00	49
50 ELECTROENCEPHALOGRAPH	60.00	60.00	60.00	60.00	60.00	63.80	63.80	63.80	63.80	63.80	50



## 1977 PREVAILING CHARGE SUMMARY DATA

## CALIFORNIA PHYSICIANS SERVICE

## CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-11	PSRO-12	PSRO-13	PSRO-14	PSRO-15	PSRO-11	PSRO-12	PSRO-13	PSRO-14	PSRO-15	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	53.60	50.00	51.00	48.00	63.80	53.60	65.00	63.80	56.00	65.00	02
03 MINIMAL OFFICE VISIT	7.00	7.00	8.00	8.90	8.00	6.00	7.00	7.70	8.00	7.00	03
04 ROUTINE BRIEF OFFICE VISIT	9.00	10.00	8.90	10.00	10.00	10.20	12.00	10.20	10.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	19.10	17.90	19.10	19.10	19.10	12.00	19.50	19.90	19.90	24.00	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	30.00	28.70	30.00	30.00	30.00	30.00	26.80	28.80	31.90	06
07 INITIAL COMP HOSPITAL VISIT	53.60	57.40	59.30	61.25	60.00	53.60	63.80	60.00	57.60	65.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	9.00	10.80	10.20	10.00	12.00	10.20	10.00	11.50	12.50	15.00	08
09 BIOPSY SKIN	27.00	30.00	28.70	31.90	35.00	30.00	30.00	30.00	31.90	30.00	09
10 RADICAL MASTECTOMY	700.00	700.00	700.00	700.00	800.00	625.20	750.00	803.90	720.00	741.00	10
11 REDUCTION OF FRACTURE	1080.80	1080.80	1080.80	1080.80	1110.10	823.00	823.00	1028.80	972.70	902.00	11
12 ARTHOTOMY	20.00	17.00	15.00	19.10	18.00	20.00	18.00	20.00	20.00	15.00	12
13 NEEDLE PUNCTURE OF BURSA	17.70	19.70	19.70	18.60	18.50	18.00	15.00	18.60	18.60	29.50	13
14 BRONCHOSCOPY	162.00	162.00	162.00	180.00	180.00	180.00	180.00	180.00	180.00	150.00	14
15 THORACENTESIS	26.80	30.00	28.70	31.90	31.90	27.00	31.90	34.50	34.50	36.00	15
16 CATHETERIZATION	335.00	350.00	335.00	335.00	331.00	319.00	350.00	319.00	319.00	350.00	16
17 INSERTION OF PACEMAKER					800.00	942.90	942.90	942.90	942.90	840.00	17
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	16.00	16.00	16.00	16.00	16.00	20.00	18
19 COLECTOMY	786.00	786.00	786.00	786.00	888.10	745.20	838.30	838.30	804.80	800.00	19
20 APPENDECTOMY	363.70	363.70	363.70	400.00	408.30	357.30	380.00	410.00	380.00	408.30	20
21 SIGMOIDOSCOPY	26.50	27.60	29.50	29.50	27.00	27.90	27.90	24.20	27.90	34.50	21
22 HEMORRHOIDECTOMY	300.00	306.20	268.00	303.00	300.00	268.00	280.00	344.50	316.00	315.00	22
23 CHOLECYSTECTOMY	574.20	580.00	574.20	574.20	652.00	535.90	638.00	600.00	574.20	660.20	23
24 REPAIR HERNIA	350.00	350.00	312.60	331.80	401.90	350.00	357.30	357.30	344.50	385.00	24
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	55.50	45.00	50.00	47.20	42.50	50.00	25
26 DILATION OF URETHRA	26.80	18.00	20.00	23.00	20.00	27.00	28.00	22.50	19.10	20.00	26
27 PROSTATECTOMY	700.00	700.00	700.00	700.00	925.10	800.00	893.20	861.30	720.00	800.00	27
28 ELECTROSECTION OF PROSTATE	800.00	800.00	800.00	800.00	1000.00	714.60	800.00	867.70	720.00	867.70	28
29 HYSTERECTOMY	714.60	720.00	630.00	714.60	900.00	765.60	720.00	765.60	638.00	800.00	29
30 EXTRACTION OF LENS	648.50	656.00	648.50	648.50	800.00	888.90	790.10	691.30	730.90	770.00	30
31 X-RAY CHEST	17.90	16.00	16.00	19.10	20.00	17.90	21.00	18.00	18.00	16.00	31
32 X-RAY SPINE	25.50	26.50	24.00	28.70	33.20	33.00	45.50	33.00	27.00	28.00	32
33 X-RAY HIP	32.00	30.00	32.00	35.70	35.10	25.50	30.60	30.00	36.00	29.00	33
34 X-RAY STOMACH	53.50	52.00	53.50	53.50	63.00	51.00	50.00	57.00	54.00	50.75	34
35 X-RAY COLON	51.00	51.00	51.00	53.60	42.00	51.00	48.00	51.00	45.00	45.90	35
36 COLALY					27.00	22.20	22.20	22.20	23.00	28.00	36
37 RADIO THERAPY					35.00	30.75	30.75	30.75	32.25	35.00	37
38 HEMOGLOBIN	3.00	4.00	4.00	4.00	6.00	2.75	5.00	4.00	3.60	4.25	38
39 WHITE CELL COUNT	3.20	3.50	4.00	4.00	3.00	3.00	3.50	3.00	3.25	3.20	39
40 COMPLETE BLOOD COUNT	10.00	8.50	9.00	10.80	10.00	8.40	10.00	9.50	10.00	8.40	40
41 CHOLESTERAL BLOOD COUNT	8.00	7.00	8.00	9.00	8.50	7.00	7.00	8.00	9.00	7.00	41
42 HEMATOCRIT	3.00	5.00	4.00	4.00	5.00	3.00	5.00	4.00	3.25	3.20	42
43 PROTHROMBIN	7.00	7.00	7.00	8.00	8.00	5.60	6.00	7.00	6.30	6.00	43
44 SEDIMENTATION RATE	5.00	5.00	6.00	6.00	5.50	5.70	6.00	5.70	5.00	5.00	44
45 BLOOD SUGAR	7.00	7.00	8.00	9.00	8.00	6.00	7.00	8.00	9.00	7.00	45
46 BUN UREA NITRATE	10.00	7.00	8.00	9.00	8.50	8.00	7.00	8.00	8.25	7.00	46
47 PAP TEST	8.00	8.50	12.00	10.00	15.00	9.00	8.00	9.00	9.00	10.00	47
48 URINALYSIS	4.00	4.00	5.00	5.00	4.80	4.50	4.20	5.00	4.50	5.00	48
49 ELECTROCARDIOGRAM	26.80	23.00	24.00	27.00	25.00	24.00	21.00	23.00	28.80	24.00	49
50 ELECTROENCEPHALOGRAM	60.00	60.00	60.00	60.00	60.00	60.00	63.80	63.80	63.80	60.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA

## CALIFORNIA PHYSICIANS SERVICE

## CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-20	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-20	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	50.00	63.00	60.00	57.40	50.00	60.00	65.00	63.80	63.80	60.00	02
03 MINIMAL OFFICE VISIT	6.00	6.00	8.50	7.00	8.00	6.50	8.20	8.00	7.00	7.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.20	12.00	12.00	12.00	12.00	15.00	15.00	15.00	15.00	04
05 ROUTINE BRIEF HOME VISIT	17.50	17.00	22.50	20.00	20.00	20.00	20.00	30.00	25.00	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT	32.50	31.90	44.70	42.00	44.70	30.00	30.00	44.70	40.00	44.70	06
07 INITIAL COMP HOSPITAL VISIT	60.00	60.00	60.00	60.00	60.00	60.00	65.00	63.80	63.80	63.80	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	12.00	15.00	15.00	17.00	12.80	13.00	18.00	17.00	19.10	08
09 BIOPSY SKIN	30.00	30.00	35.00	30.00	30.00	32.50	30.00	30.00	30.00	33.00	09
10 RADICAL MASTECTOMY	900.00	800.00	829.40	800.00	900.00	900.00	760.00	990.00	900.00	900.00	10
11 REDUCTION OF FRACTURE	1110.10	1110.10	1110.10	1100.10	1110.10	924.00	1069.50	1120.00	1176.50	1166.80	11
12 ARTHOTOMY	20.40	20.00	16.00	18.00	20.40	15.00	15.00	16.50	20.00	15.00	12
13 NEEDLE PUNCTURE OF BURSA	18.80	18.50	20.00	16.70	23.10	24.60	24.60	24.60	20.00	20.00	13
14 BRONCHOSCOPY	180.00	180.00	180.00	180.00	180.00	172.30	172.30	165.00	180.00	180.00	14
15 THORACENTESIS	35.00	32.50	40.00	35.00	36.00	36.00	44.70	44.70	40.00	45.00	15
16 CATHETERIZATION	331.00	331.00	350.00	331.00	331.00	350.00	350.00	350.00	350.00	350.00	16
17 INSERTION OF PACEMAKER	800.00	800.00	800.00	740.10	740.10	960.00	960.00	960.00	797.50	797.50	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	16.00	16.00	20.00	20.00	20.00	20.00	20.00	18
19 COLECTOMY	888.10	888.10	888.10	888.10	888.10	900.00	850.00	960.00	982.50	1000.00	19
20 APPENDECTOMY	403.75	408.30	430.00	520.00	408.30	440.00	459.40	459.40	459.40	475.00	20
21 SIGMOIDOSCOPY	27.75	30.00	35.00	35.00	32.40	30.00	34.50	27.00	30.00	35.40	21
22 HEMORRHOIDECTOMY	357.30	360.00	357.30	357.30	385.00	300.00	350.00	382.80	382.80	400.00	22
23 CHOLECYSTECTOMY	600.00	655.00	733.70	780.00	660.00	725.00	701.80	750.00	765.60	797.50	23
24 REPAIR HERNIA	407.50	360.00	450.00	491.30	450.00	420.00	432.00	450.00	500.00	495.00	24
25 CYSTOSCOPY	55.50	55.50	55.50	60.00	55.50	50.00	54.60	50.00	50.00	60.00	25
26 DILATION OF URETHRA	18.00	25.60	26.80	16.00	20.00	20.00	20.00	20.00	27.00	21.70	26
27 PROSTATECTOMY	925.10	925.10	925.10	925.10	925.10	990.00	1000.00	1000.00	1071.80	1000.00	27
28 ELECTROSECTION OF PROSTATE	1000.00	1000.00	1000.00	100.00	1000.00	900.00	816.60	1000.00	960.00	1000.00	28
29 HYSTERECTOMY	900.00	900.00	900.00	900.00	810.00	861.30	861.30	800.00	900.00	975.00	29
30 EXTRACTION OF LENS	800.00	800.00	800.00	800.00	800.00	800.00	850.00	950.00	870.00	1100.00	30
31 X-RAY CHEST	19.10	20.40	20.00	19.10	18.00	17.50	19.10	15.00	23.00	17.50	31
32 X-RAY SPINE	26.00	33.10	38.50	31.90	35.00	28.00	33.60	32.00	33.60	32.50	32
33 X-RAY HIP	32.00	34.00	31.50	26.00	30.60	28.00	33.60	28.00	33.50	28.00	33
34 X-RAY STOMACH	48.00	63.00	65.00	55.00	46.00	55.00	70.00	50.00	56.00	59.00	34
35 X-RAY COLON	50.00	58.00	51.00	58.00	48.00	48.00	57.40	52.00	54.00	50.00	35
36 COBALT	27.00	27.00	27.00	27.00	27.00	28.00	28.00	28.00	28.00	28.00	36
37 RADIOTHERAPY	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	37
38 HEMOGLOBIN	5.00	4.00	4.00	3.00	5.00	3.00	4.50	3.00	4.50	6.00	38
39 WHITE CELL COUNT	4.00	5.00	4.00	4.00	4.00	3.00	4.50	2.50	3.50	5.00	39
40 COMPLETE BLOOD COUNT	10.00	10.00	10.00	10.00	9.00	9.00	8.50	8.25	8.50	8.50	40
41 CHOLESTERAL BLOOD COUNT	8.00	8.00	8.00	8.00	8.00	8.00	8.00	7.00	8.00	8.00	41
42 HEMATOCRIT	4.00	4.00	3.00	4.00	3.50	3.00	4.50	2.00	4.50	3.00	42
43 PROTHROMBIN	7.00	9.00	7.00	7.00	7.50	6.00	8.00	6.00	6.00	7.00	43
44 SEDIMENTATION RATE	5.00	5.00	6.00	5.00	6.00	5.00	6.00	5.00	5.00	5.00	44
45 BLOOD SUGAR	8.00	9.00	8.00	8.00	8.00	8.00	8.00	7.00	8.00	8.00	45
46 SODIUM URIC ACID	7.00	9.00	8.00	10.00	8.00	7.75	8.00	8.00	7.00	7.50	46
47 PAP TEST	10.00	13.00	10.00	10.00	12.00	10.00	11.00	10.00	10.00	10.00	47
48 URINALYSIS	5.00	5.00	5.00	5.00	5.00	5.00	5.20	5.00	5.00	5.00	48
49 ELECTROCARDIOGRAM	25.00	27.00	25.00	25.00	25.00	24.00	28.00	25.00	25.00	25.00	49
50 ELECTROENCEPHALOGRAPH	63.60	60.00	53.60	53.60	53.60	60.00	60.00	55.00	65.00	55.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

## CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-21	PSRO-22	PSRO-23	PSRO-24	PSRO-25	PSRO-21	PSRO-22	PSRO-23	PSRO-24	PSRO-25	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	61.25	60.00	63.80	45.00	52.00	60.00	63.80	65.00	63.80	63.80	02
03 MINIMAL OFFICE VISIT	10.00	8.00	8.00	8.00	12.60	6.00	8.00	7.50	10.00	10.00	03
04 ROUTINE BRIEF OFFICE VISIT	12.00	12.00	12.00	10.00	12.50	14.00	16.00	12.00	12.00	15.00	04
05 ROUTINE BRIEF HOME VISIT	25.00	25.00	20.00	18.00	25.00	24.00	29.00	25.00	20.00	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT	44.70	44.70	44.70	44.70	35.00	40.00	44.70	50.00	35.00	50.00	06
07 INITIAL COMP HOSPITAL VISIT	60.00	63.80	60.00	60.00	67.00	63.80	63.80	75.00	67.00	65.10	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	15.00	15.00	15.00	15.00	15.00	20.00	19.10	16.00	20.00	08
09 BIOPSY SKIN	35.00	34.50	31.90	31.90	30.00	33.00	35.00	33.00	38.30	35.00	09
10 RADICAL MASTECTOMY	800.00	900.00	800.00	900.00	900.00	918.70	1084.60	900.00	850.00	1250.00	10
11 REDUCTION OF FRACTURE	1110.10	1110.10	1110.10	1100.10	1200.00	1193.10	1283.40	1176.50	1200.00	1340.80	11
12 ARTHOTMY	20.00	20.40	18.00	15.00	20.40	20.00	25.00	20.00	19.50	16.00	12
13 NEEDLE PUNCTURE OF BURSA	20.80	18.50	20.00	20.40	25.90	25.00	24.60	24.60	20.00	20.00	13
14 BRONCHOSCOPY	180.00	180.00	180.00	180.00	180.00	200.00	180.00	180.00	150.00	180.00	14
15 THORACENTESIS	38.30	38.00	36.00	35.00	38.00	44.70	45.00	39.60	45.90	40.00	15
16 CATHETERIZATION	331.00	331.00	331.00	331.00	331.00	350.00	350.00	350.00	350.00	300.00	16
17 INSERTION OF PACEMAKER	800.00	800.00	740.10	800.00	740.10	960.00	960.00	797.50	920.00	797.50	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	16.00	16.00	20.00	20.00	20.00	20.00	20.00	18
19 COLECTOMY	888.10	960.00	900.00	888.10	960.00	1000.00	1200.00	1000.00	1000.00	1200.00	19
20 APPENDECTOMY	408.30	475.00	427.00	455.00	475.00	459.40	500.00	475.00	500.00	500.00	20
21 SIGMOIDOSCOPY	32.40	35.00	30.60	27.75	25.00	35.00	40.00	39.30	35.40	35.00	21
22 HEMORRHOIDECTOMY	360.00	364.50	400.00	357.30	364.50	382.80	400.00	385.00	400.00	450.00	22
23 CHOLECYSTECTOMY	765.60	750.00	701.80	765.60	750.00	760.00	861.30	765.60	798.00	900.00	23
24 REPAIR HERNIA	450.00	450.00	459.40	405.00	550.00	500.00	550.00	500.00	480.00	600.00	24
25 CYSTOSCOPY	60.00	55.50	60.00	46.30	55.50	63.00	69.50	60.00	50.00	66.00	25
26 DILATION OF URETHRA	16.00	25.60	20.00	24.00	25.60	19.10	20.00	19.00	19.10	18.00	26
27 PROSTATECTOMY	925.10	925.10	925.10	925.10	925.10	900.00	1000.00	1000.00	1000.00	1100.00	27
28 ELECTROSECTION OF PROSTATE	1000.00	1000.00	1000.00	1000.00	1000.00	950.00	1100.00	1000.00	1000.00	1100.00	28
29 HYSTERECTOMY	900.00	900.00	900.00	900.00	900.00	950.00	893.20	900.00	900.00	957.00	29
30 EXTRACTION OF LENS	800.00	850.00	800.00	800.00	850.00	800.00	1100.00	900.00	1000.00	1000.00	30
31 X-RAY CHEST	18.00	17.00	18.00	17.00	20.00	16.50	16.00	21.00	18.50	20.00	31
32 X-RAY SPINE	30.00	34.50	30.00	28.00	31.00	36.00	39.00	41.50	39.00	30.00	32
33 X-RAY HIP	32.00	25.50	30.00	30.60	30.00	35.00	26.25	30.00	32.00	30.50	33
34 X-RAY STOMACH	63.80	60.00	60.00	60.80	63.00	59.00	65.00	58.00	68.30	64.40	34
35 X-RAY COLON	55.00	62.00	50.00	55.00	58.00	56.00	55.00	55.00	55.00	55.00	35
36 COBALT	27.00	27.00	27.00	27.00	27.00	28.00	28.00	28.00	28.00	28.00	36
37 RADIOTHERAPY	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	37
38 HEMOGLOBIN	5.00	5.00	4.00	5.00	4.00	4.00	4.00	3.00	4.00	3.50	38
39 WHITE CELL COUNT	3.50	5.00	4.00	5.00	5.00	5.00	4.00	4.00	3.00	4.00	39
40 COMPLETE BLOOD COUNT	9.50	11.00	9.00	9.60	9.50	8.00	9.50	10.00	8.00	10.00	40
41 CHOLESTERAL BLOOD COUNT	9.00	8.50	9.00	11.00	8.50	7.50	8.00	7.50	7.50	8.00	41
42 HEMATOCRIT	4.00	4.00	5.00	4.00	5.00	3.75	4.00	4.00	4.00	4.00	42
43 PROTHROMBIN	8.00	8.00	8.00	7.00	7.00	7.00	7.00	7.00	6.75	8.00	43
44 SEDIMENTATION RATE	5.00	6.00	5.00	5.00	6.00	5.50	6.00	5.00	5.00	6.00	44
45 BLOOD SUGAR	8.00	10.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	45
46 BUN UREA NITRATE	9.00	9.00	9.00	8.00	8.50	8.50	9.00	8.00	7.50	8.00	46
47 PAP TEST	10.00	13.00	15.00	15.00	16.00	10.00	10.00	13.00	12.00	10.50	47
48 URINALYSIS	5.00	6.00	5.00	4.80	5.00	5.00	6.00	5.00	4.00	5.00	48
49 ELECTROCARDIOGRAM	27.00	26.80	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	49
50 ELECTROENCEPHALOGRAM	53.60	53.60	60.00	53.60	60.00	55.00	70.00	70.00	55.00	70.00	50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	PSRO-26	PSRO-27	PSRO-28	PSRO-26	PSRO-27	PSRO-28	
01 INITIAL LIMITED OFFICE VISIT							01
02 INITIAL COMP OFFICE VISIT	60.00	52.00	60.00	63.80	63.80	61.00	02
03 MINIMAL OFFICE VISIT	9.00	9.60	8.00	7.00	5.00	8.00	03
04 ROUTINE BRIEF OFFICE VISIT	12.00	10.20	11.00	15.00	10.00	11.00	04
05 ROUTINE BRIEF HOME VISIT	25.50	18.00	20.00	29.00	25.00	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	44.70	31.50	34.50	40.00	35.00	31.90	06
07 INITIAL COMP HOSPITAL VISIT	63.80	60.00	60.00	75.00	63.80	65.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	16.00	12.00	12.80	19.10	12.00	12.00	08
09 BIOPSY SKIN	30.00	24.00	30.00	33.00	35.00	32.00	09
10 RADICAL MASTECTOMY	800.00	800.00	800.00	1000.00	770.00	900.00	10
11 REDUCTION OF FRACTURE	1110.10	1110.10	1110.10	1176.50	1097.20	1100.00	11
12 ARTHOTMY	20.00	16.00	20.00	15.00	15.00	20.00	12
13 NEEDLE PUNCTURE OF BURSA	20.00	18.00	18.50	24.60	23.60	22.10	13
14 BRONCHOSCOPY	180.00	180.00	180.00	175.00	160.80	172.00	14
15 THORACENTESIS	50.00	32.50	32.50	44.70	32.00	36.00	15
16 CATHETERIZATION	350.00	331.00	350.00	350.00	350.00	350.00	16
17 INSERTION OF PACEMAKER	800.00	750.00	800.00	960.00	797.50	960.00	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	20.00	20.00	20.00	18
19 COLECTOMY	999.10	888.10	898.10	970.00	900.00	900.00	19
20 APPENDECTOMY	427.50	400.00	408.30	459.40	459.40	448.50	20
21 SIGMOIDOSCOPY	30.00	25.00	30.00	32.40	34.50	30.00	21
22 HEMORRHOIDECTOMY	357.30	357.30	350.00	382.80	350.00	344.50	22
23 CHOLECYSTECTOMY	700.00	600.00	693.00	740.10	720.00	725.00	23
24 REPAIR HERNIA	450.00	360.00	448.00	459.40	433.80	450.00	24
25 CYSTOSCOPY	55.00	55.50	55.50	59.60	50.00	54.60	25
26 DILATION OF URETHRA	25.00	25.60	24.00	20.00	24.00	18.00	26
27 PROSTATECTOMY	1000.00	925.10	925.10	1000.00	900.00	900.00	27
28 ELECTROSECTION OF PROSTATE	893.20	1000.00	1000.00	995.30	893.20	900.00	28
29 HYSTERECTOMY	840.00	900.00	900.00	893.20	850.00	775.00	29
30 EXTRACTION OF LENS	800.00	800.00	800.00	850.00	800.00	840.00	30
31 X-RAY CHEST	18.50	17.90	18.00	17.00	16.00	17.00	31
32 X-RAY SPINE	31.90	31.90	27.00	44.70	30.00	28.00	32
33 X-RAY HIP	31.90	30.00	31.90	30.00	28.10	28.00	33
34 X-RAY STOMACH	62.50	63.00	55.00	60.00	55.00	60.00	34
35 X-RAY COLON	57.40	58.00	60.00	55.00	46.00	57.40	35
36 COBALT	27.00	27.00	27.00	28.00	28.00	28.00	36
37 RADIO THERAPY	35.00	35.00	35.00	35.00	35.00	35.00	37
38 HEMOGLOBIN	4.50	4.00	4.00	3.75	4.00	3.00	38
39 WHITE CELL COUNT	4.00	4.50	3.50	5.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	10.00	8.00	10.00	9.00	7.50	8.50	40
41 CHOLESTEROL BLOOD COUNT	9.00	7.50	9.00	8.00	7.00	7.00	41
42 HEMATOCRIT	4.00	4.00	4.20	4.00	3.60	3.50	42
43 PROTHROMBIN	8.00	5.00	7.50	6.00	5.00	6.00	43
44 SEDIMENTATION RATE	7.00	5.00	6.00	5.50	6.00	4.75	44
45 BLOOD SUGAR	8.00	7.50	8.00	7.50	6.00	7.00	45
46 BUN UREA NITRATE	8.00	7.00	9.00	7.50	7.00	7.00	46
47 PAP TEST	10.00	10.00	12.50	9.50	9.00	10.00	47
48 URINALYSIS	5.00	4.00	5.00	5.50	4.50	5.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	24.00	25.00	49
50 ELECTROENCEPHALOGRAM	53.60	53.60	53.60	70.00	60.00	60.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-15	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-15	PSRO-16	PSRO-17	PSRO-18	PSRO-19	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	63.80	50.00	63.00	60.00	57.40	65.00	60.00	65.00	63.80	63.80	02
03 MINIMAL OFFICE VISIT	8.00	6.00	6.00	8.50	7.00	7.00	6.50	8.20	8.00	7.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	10.20	12.00	12.00	12.00	12.00	15.00	15.00	15.00	04
05 ROUTINE BRIEF HOME VISIT	19.10	17.50	17.00	22.50	20.00	24.00	20.00	20.00	30.00	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	32.50	31.90	44.70	42.00	31.90	30.00	30.00	44.70	40.00	06
07 INITIAL COMP HOSPITAL VISIT	60.00	60.00	60.00	60.00	60.00	65.00	60.00	65.00	63.80	63.80	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	12.00	12.00	15.00	15.00	15.00	12.80	13.00	18.00	17.00	08
09 BIOPSY SKIN	35.00	30.00	30.00	35.00	30.00	30.00	32.50	30.00	30.00	30.00	09
10 RADICAL MASTECTOMY	891.00	900.00	800.00	829.40	800.00	741.00	900.00	760.00	990.00	900.00	10
11 REDUCTION OF FRACTURE	1110.10	1110.10	1110.10	1110.10	1110.10	972.70	924.50	1069.50	1120.00	1176.50	11
12 ARTHOTMY	18.00	20.40	20.00	16.00	18.00	20.00	15.00	15.00	16.50	20.00	12
13 NEEDLE PUNCTURE OF BURSA	18.50	18.80	18.50	20.00	16.70	29.50	24.60	24.60	24.60	20.00	13
14 BRONCHOSCOPY	180.00	180.00	180.00	180.00	180.00	150.00	172.30	172.30	165.00	180.00	14
15 THORACENTESIS	31.90	35.00	32.50	40.00	35.00	36.00	36.00	44.70	44.70	40.00	15
16 CATHETERIZATION	31.00	331.00	331.00	350.00	331.00	350.00	350.00	350.00	350.00	350.00	16
17 INSERTION OF PACEMAKER	800.00	800.00	800.00	800.00	740.10	840.00	960.00	960.00	960.00	797.50	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	16.00	16.00	20.00	20.00	20.00	20.00	20.00	18
19 COLECTOMY	888.10	888.10	888.10	888.10	888.10	800.00	900.00	850.00	960.00	982.50	19
20 APPENDECTOMY	408.30	403.75	408.30	430.00	520.00	408.30	440.00	459.40	459.40	459.40	20
21 SIGMOIDOSCOPY	27.00	27.75	30.00	35.00	35.00	34.50	30.00	34.50	27.00	30.00	21
22 HEMORRHOIDECTOMY	300.00	357.30	360.00	357.30	357.30	315.00	300.00	350.00	382.80	382.80	22
23 CHOLECYSTECTOMY	652.00	600.00	655.00	733.70	780.00	660.00	725.00	701.80	750.00	765.60	23
24 REPAIR HERNIA	401.90	407.50	360.00	450.00	491.30	385.00	420.00	432.00	450.00	500.00	24
25 CYSTOSCOPY	55.50	55.50	55.50	55.50	60.00	50.00	50.00	54.60	60.00	50.00	25
26 DILATION OF URETHRA	20.00	18.00	25.60	26.80	16.00	20.00	20.00	20.00	20.00	27.00	26
27 PROSTATECTOMY	925.10	925.10	925.10	925.10	925.10	800.00	990.00	1000.00	1000.00	1071.80	27
28 ELECTROSECTION OF PROSTATE	1000.00	1000.00	1000.00	1000.00	1000.00	867.70	900.00	816.60	1000.00	960.00	28
29 HYSTERECTOMY	900.00	900.00	900.00	900.00	900.00	800.00	861.30	861.30	800.00	900.00	29
30 EXTRACTION OF LENS	800.00	800.00	800.00	800.00	800.00	770.00	800.00	850.00	950.00	870.00	30
31 X-RAY CHEST	20.00	19.10	20.40	20.00	19.10	16.00	17.50	19.10	15.00	23.00	31
32 X-RAY SPINE	33.20	26.00	33.10	38.50	31.90	28.00	28.00	33.60	32.00	33.60	32
33 X-RAY HIP	35.10	32.00	34.00	31.50	26.00	29.00	28.00	33.60	28.00	33.60	33
34 X-RAY STOMACH	63.00	48.00	63.00	65.00	55.00	50.75	55.00	70.00	50.00	55.00	34
35 X-RAY COLON	42.00	50.00	58.00	51.00	58.00	45.90	48.00	57.40	52.00	54.00	35
36 COBALT	27.00	27.00	27.00	27.00	27.00	28.00	28.00	28.00	28.00	28.00	36
37 RADIO THERAPY	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	37
38 HEMOGLOBIN	6.00	5.00	4.00	4.00	3.00	4.25	3.00	4.50	3.00	4.50	38
39 WHITE CELL COUNT	3.00	4.00	5.00	4.00	4.00	3.20	3.00	4.50	3.00	4.50	39
40 COMPLETE BLOOD COUNT	10.00	10.00	10.00	10.00	10.00	8.40	9.00	8.50	8.25	8.50	40
41 CHOLESTEROL BLOOD COUNT	8.50	8.00	8.00	8.00	8.00	7.00	6.00	8.00	7.00	7.50	41
42 HEMATOCRIT	5.00	4.00	4.00	3.00	4.00	3.20	3.00	4.50	2.00	4.50	42
43 PROTHROMBIN	9.00	9.00	9.00	9.00	9.00	7.00	7.00	7.00	7.00	6.50	43
44 SEDIMENTATION RATE	5.50	5.00	5.00	6.00	5.00	5.00	5.00	6.00	5.00	5.00	44
45 BLOOD SUGAR	8.00	8.00	9.00	8.00	8.00	7.00	8.00	8.00	7.00	8.00	45
46 BUN UREA NITRATE	8.50	7.00	9.00	8.00	10.00	7.00	7.75	8.00	8.00	7.00	46
47 PAP TEST	15.00	10.00	13.00	10.00	10.00	10.00	10.00	11.00	10.00	10.00	47
48 URINALYSIS	4.80	5.00	5.00	5.00	5.00	5.00	5.00	5.20	5.00	5.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	27.00	25.00	25.00	24.00	24.00	28.00	25.00	25.00	49
50 ELECTROENCEPHALOGRAPH	60.00	53.60	60.00	53.60	53.60	60.00	60.00	60.00	55.00	65.00	50



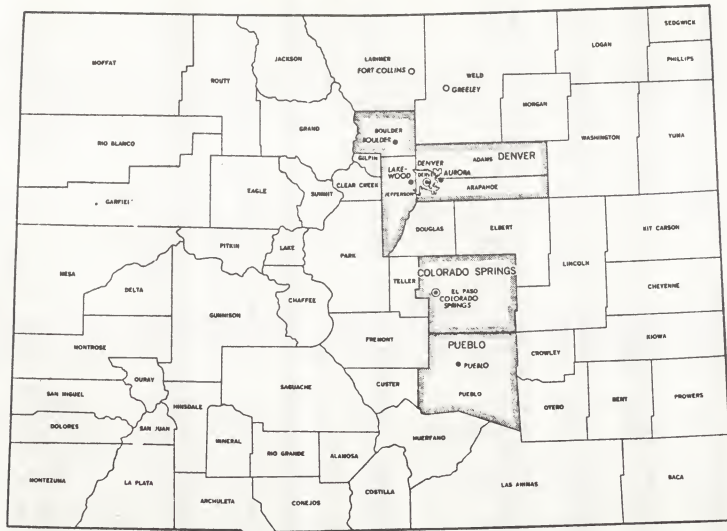
PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	PSRO-20	PSRO-21	PSRO-22	PSRO-23	PSRO-24	PSRO-20	PSRO-21	PSRO-22	PSRO-23	PSRO-24	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	50.00	61.25	60.00	63.80	45.00	60.00	60.00	63.80	65.00	63.80	02
03 MINIMAL OFFICE VISIT	8.00	10.00	8.00	8.00	8.00	7.00	6.00	8.00	7.50	10.00	03
04 ROUTINE BRIEF OFFICE VISIT	12.00	12.00	12.00	12.00	10.00	15.00	14.00	16.00	12.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	20.00	25.00	25.00	20.00	18.00	25.00	24.00	29.00	25.00	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	44.70	44.70	44.70	44.70	44.70	44.70	40.00	44.70	50.00	35.00	06
07 INITIAL COMP HOSPITAL VISIT	60.00	60.00	63.80	60.00	60.00	63.80	63.80	63.80	75.00	67.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	17.00	15.00	15.00	15.00	15.00	19.10	15.00	20.00	19.10	16.00	08
09 BIOPSY SKIN	30.00	35.00	34.50	31.90	31.90	35.00	33.00	35.00	33.00	38.30	09
10 RADICAL MASTECTOMY	900.00	800.00	900.00	800.00	900.00	900.00	918.70	1084.60	900.00	850.00	10
11 REDUCTION OF FRACTURE	1110.10	1110.10	1110.10	1110.10	1110.10	1166.80	1193.10	1283.40	1176.50	1200.00	11
12 ARTHOTMY	21.40	20.00	20.00	18.00	15.00	15.00	20.00	25.00	20.00	19.50	12
13 NEEDLE PUNCTURE OF BURSA	23.10	20.80	18.50	20.00	20.40	20.00	25.00	24.60	24.60	20.00	13
14 BRONCHOSCOPY	180.00	180.00	180.00	180.00	180.00	180.00	200.00	180.00	180.00	150.00	14
15 THORACENTESIS	36.00	38.30	50.00	36.00	35.00	60.00	44.70	50.00	39.60	45.90	15
16 CATHETERIZATION	331.00	331.00	331.00	331.00	331.00	350.00	350.00	350.00	350.00	350.00	16
17 INSERTION OF PACEMAKER	740.10	800.00	800.00	740.10	800.00	797.50	960.00	960.00	797.50	920.00	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	16.00	16.00	20.00	20.00	20.00	20.00	20.00	18
19 COLECTOMY	888.10	888.10	960.00	900.00	888.10	1000.00	1000.00	1200.00	1000.00	1000.00	19
20 APPENDECTOMY	408.30	408.30	475.00	427.00	456.00	475.00	459.40	500.00	475.00	500.00	20
21 SIGMOIDOSCOPY	32.40	32.40	35.00	30.60	27.55	35.40	35.00	40.00	39.30	35.40	21
22 HEMORRHOIDECTOMY	385.00	360.00	364.50	400.00	357.30	400.00	382.80	400.00	385.00	400.00	22
23 CHOLECYSTECTOMY	660.00	765.60	750.00	701.80	765.60	797.50	760.00	861.30	765.60	798.00	23
24 REPAIR HERNIA	450.00	450.00	450.00	459.40	405.00	495.00	500.00	550.00	500.00	480.00	24
25 CYSTOSCOPY	55.50	60.00	55.50	60.00	46.30	60.00	63.00	69.50	60.00	50.00	25
26 DILATION OF URETHRA	20.00	16.00	25.60	20.00	24.00	21.70	19.10	20.00	19.00	19.10	26
27 PROSTATECTOMY	925.10	925.10	925.10	925.10	925.10	1000.00	900.00	1000.00	1000.00	1000.00	27
28 ELECTROSECTION OF PROSTATE	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	950.00	1100.00	1000.00	1000.00	28
29 HYSTERECTOMY	810.00	900.00	900.00	900.00	900.00	975.00	950.00	893.20	900.00	900.00	29
30 EXTRACTION OF LENS	800.00	800.00	850.00	800.00	800.00	1100.00	800.00	1100.00	900.00	1000.00	30
31 X-RAY CHEST	18.00	18.00	17.00	18.00	17.00	17.50	16.50	16.00	21.00	18.50	31
32 X-RAY SPINE	35.00	30.00	34.50	30.00	28.00	32.50	36.00	39.00	41.50	39.00	32
33 X-RAY HIP	30.60	32.00	25.50	30.00	30.00	28.00	35.00	26.25	30.00	32.00	33
34 X-RAY STOMACH	46.00	63.80	60.00	60.00	60.80	59.00	59.00	65.00	58.00	68.30	34
35 X-RAY COLON	48.00	55.00	62.00	50.00	55.00	50.00	56.00	55.00	55.00	55.00	35
36 COBALT	27.00	27.00	27.00	27.00	27.00	28.00	28.00	28.00	28.00	28.00	36
37 RADIOTHERAPY	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	37
38 HEMOGLOBIN	5.00	5.00	5.00	4.00	5.00	6.00	4.00	4.00	3.00	4.00	38
39 WHITE CELL COUNT	4.00	3.50	5.00	4.00	5.00	5.00	5.00	4.00	4.00	3.00	39
40 COMPLETE BLOOD COUNT	9.00	9.50	11.00	9.00	9.60	8.50	8.00	9.50	10.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	8.00	9.00	8.50	9.00	11.00	8.00	7.50	8.00	7.50	7.50	41
42 HEMATOCRIT	3.50	4.00	4.00	5.00	4.00	3.00	3.75	4.00	4.00	4.00	42
43 PROTHROMBIN	9.00	9.00	9.00	10.00	10.00	7.00	7.00	7.00	7.00	6.00	43
44 SEDIMENTATION RATE	6.00	5.00	6.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	44
45 BLOOD SUGAR	8.00	8.00	10.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	45
46 BUN UREA NITRATE	8.00	9.00	9.00	9.00	8.00	7.50	8.50	9.00	8.00	7.50	46
47 PAP TEST	12.00	10.00	13.00	15.00	15.00	10.00	10.00	10.00	13.00	12.00	47
48 URINALYSIS	5.00	5.00	6.00	5.00	4.80	5.00	5.00	6.00	5.00	4.00	48
49 ELECTROCARDIOGRAM	25.00	27.00	26.80	25.00	25.00	25.00	25.00	25.00	25.00	25.00	49
50 ELECTROENCEPHALOGRAM	53.60	53.60	53.60	73.20	53.60	55.00	55.00	70.00	70.00	55.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

## CALIFORNIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	PSRO-25	PSRO-26	PSRO-27	PSRO-28	PSRO-25	PSRO-26	PSRO-27	PSRO-28	
01 INITIAL LIMITED OFFICE VISIT									01
02 INITIAL COMP OFFICE VISIT									02
03 MINIMAL OFFICE VISIT	52.00	60.00	52.00	60.00	63.80	63.80	63.80	61.00	03
04 ROUTINE BRIEF OFFICE VISIT	12.80	9.00	9.60	8.00	10.00	7.00	5.00	8.00	04
05 ROUTINE BRIEF HOME VISIT	25.00	25.50	18.00	20.00	15.00	15.00	10.00	11.00	05
06 INITIAL BRIEF HOSPITAL VISIT	35.00	44.70	31.90	34.50	25.00	29.00	25.00	20.00	06
07 INITIAL COMP HOSPITAL VISIT	67.00	63.80	60.00	60.00	50.00	40.00	35.00	31.90	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	16.00	12.00	12.80	65.10	75.00	63.80	65.00	08
09 BIOPSY SKIN	30.00	30.00	24.00	30.00	20.00	19.10	12.00	12.00	09
10 RADICAL MASTECTOMY	900.00	800.00	800.00	800.00	35.00	33.00	35.00	32.00	10
11 REDUCTION OF FRACTURE	1200.00	1110.10	1110.00	1110.10	1250.00	1000.00	1097.20	900.00	11
12 ARTHOTOMY	20.40	20.00	16.00	20.00	1340.80	1175.50	1077.20	1100.00	12
13 NEEDLE PUNCTURE OF BURSA	25.90	20.00	18.00	18.50	16.00	15.00	22.10	20.00	13
14 BRONCHOSCOPY	180.00	180.00	180.00	180.00	25.00	24.60	23.60	22.00	14
15 THORACENTESIS	38.00	50.00	32.50	32.50	180.00	175.00	160.80	172.00	15
16 CATHETERIZATION	331.00	350.00	331.00	350.00	40.00	44.70	32.00	36.00	16
17 INSERTION OF PACEMAKER	740.00	800.00	750.00	800.00	300.00	350.00	350.00	350.00	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	16.00	707.50	960.00	797.50	960.00	18
19 COLECTOMY	960.00	999.10	888.10	888.10	20.00	20.00	20.00	20.00	19
20 APPENDECTOMY	475.00	427.50	400.00	408.30	1200.00	970.00	900.00	900.00	20
21 SIGMOIDOSCOPY	25.00	30.00	25.00	30.00	500.00	459.40	459.40	448.50	21
22 HEMORRHOIDECTOMY	364.50	357.30	357.30	350.00	35.00	32.40	34.50	30.00	22
23 CHOLECYSTECTOMY	750.00	700.00	600.00	693.00	450.00	382.80	350.00	344.50	23
24 REPAIR HERNIA	550.00	450.00	360.00	448.00	900.00	740.10	720.00	725.00	24
25 CYSTOSCOPY	55.50	60.00	55.50	55.50	600.00	459.40	433.80	450.00	25
26 DILATION OF URETHRA	25.60	25.00	25.60	24.00	66.00	59.60	50.00	54.60	26
27 PROSTATECTOMY	925.10	1000.00	925.10	925.10	18.00	20.00	24.00	18.00	27
28 ELECTROSECTION OF PROSTATE	1000.00	893.20	1000.00	1000.00	1100.00	1000.00	900.00	900.00	28
29 HYSTERECTOMY	900.00	840.00	900.00	900.00	1100.00	995.30	893.20	900.00	29
30 EXTRACTION OF LENS	850.00	800.00	800.00	800.00	957.00	893.20	850.00	775.00	30
31 X-RAY CHEST	20.00	18.50	17.90	18.00	1000.00	850.00	800.00	840.00	31
32 X-RAY SPINE	31.00	31.90	31.90	27.00	20.00	17.00	16.00	17.00	32
33 X-RAY HIP	30.00	31.90	30.00	31.90	30.00	44.70	30.00	28.00	33
34 X-RAY STOMACH	63.00	62.50	63.00	55.00	30.50	30.00	28.10	28.00	34
35 X-RAY COLON	58.00	57.40	58.00	60.00	64.40	60.00	55.00	60.00	35
36 COLALY	27.00	27.00	27.00	27.00	55.00	55.00	46.00	57.40	36
37 RADIOGRAPHY	35.00	35.00	35.00	35.00	28.00	28.00	28.00	28.00	37
38 HEMOGLOBIN	4.00	4.50	4.00	4.00	35.00	35.00	35.00	35.00	38
39 WHITE CELL COUNT	5.00	4.00	4.50	3.50	3.50	3.75	4.00	3.00	39
40 COMPLETE BLOOD COUNT	9.50	10.00	8.50	10.00	4.00	5.00	3.00	3.20	40
41 CHOLESTERAL BLOOD COUNT	8.50	9.00	7.50	9.00	10.00	9.00	7.50	8.50	41
42 HEMATOCRIT	5.00	4.00	4.00	4.20	8.00	8.00	7.00	7.00	42
43 PROTHROMBIN	9.00	9.00	9.00	7.00	4.00	4.00	3.60	3.50	43
44 SEDIMENTATION RATE	6.00	7.00	5.00	6.00	6.50	10.00	7.00	7.00	44
45 BLOOD SUGAR	8.00	8.00	7.50	8.00	6.00	5.50	6.00	4.75	45
46 BUN UREA NITRATE	8.50	8.00	7.00	9.00	8.00	7.50	6.00	7.00	46
47 PAP TEST	16.00	10.00	10.00	12.50	8.00	7.50	7.00	7.00	47
48 URINALYSIS	5.00	5.00	4.00	5.00	10.50	9.50	9.00	10.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	5.00	5.50	4.50	5.00	49
50 ELECTROENCEPHALOGRAPH	60.00	53.60	53.60	53.60	25.00	25.00	24.00	25.00	50
					70.00	63.80	50.00	60.00	

# COLORADO

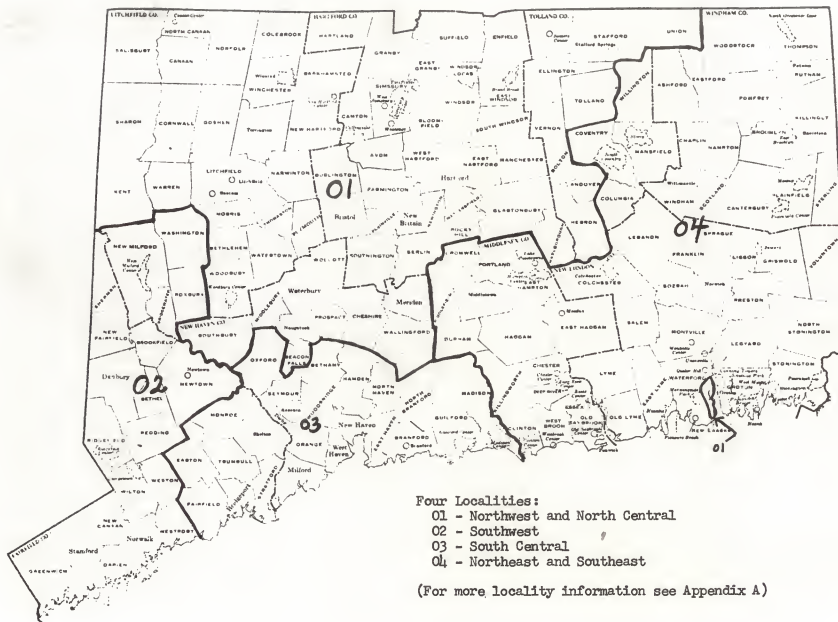


One Locality - Statewide



PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	SINGLE		SINGLE	
01 INITIAL LIMITED OFFICE VISIT	10.00		15.00	01
02 INITIAL COMP OFFICE VISIT	42.00		50.00	02
03 MINIMAL OFFICE VISIT	6.00		6.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.00		10.00	04
05 ROUTINE BRIEF HOME VISIT	15.00		15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00		35.00	06
07 INITIAL COMP HOSPITAL VISIT	42.00		52.50	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00		10.00	08
09 BIOPSY SKIN	20.00		20.00	09
10 RADICAL MASTECTOMY	480.00		589.00	10
11 REDUCTION OF FRACTURE	704.00		704.00	11
12 ARTHOTMY	15.00		19.20	12
13 NEEDLE PUNCTURE OF BURSA	15.00		20.00	13
14 BRONCHOSCOPY	150.00		125.00	14
15 THORACENTESIS	25.00		30.10	15
16 CATHETERIZATION	180.00		150.00	16
17 INSERTION OF PACEMAKER	550.00		500.00	17
18 BLOOD TRANSFUSION	5.00		7.00	18
19 COLECTOMY	540.00		600.00	19
20 APPENDECTOMY	270.00		300.00	20
21 SIGMOIDOSCOPY	20.00		21.00	21
22 HEMORRHOIDECTOMY	210.00		245.00	22
23 CHOLECYSTECTOMY	465.00		530.00	23
24 REPAIR HERNIA	255.00		265.00	24
25 CYSTOSCOPY	56.00		48.00	25
26 DILATION OF URETHRA	15.00		12.00	26
27 PROSTATECTOMY	552.00		600.00	27
28 ELECTROSECTION OF PROSTATE	552.00		600.00	28
29 HYSTERECTOMY	580.00		600.00	29
30 EXTRACTION OF LENS	550.00		550.00	30
31 X-RAY CHEST	15.00		10.00	31
32 X-RAY SPINE	30.00		25.50	32
33 X-RAY HIP	19.50		20.00	33
34 X-RAY STOMACH	15.00		12.00	34
35 X-RAY COLON	36.00		36.00	35
36 COBALT	15.00		30.00	36
37 RADIO THERAPY	15.00		30.00	37
38 HEMOGLOBIN	3.00		2.50	38
39 WHITE CELL COUNT	3.00		3.00	39
40 COMPLETE BLOOD COUNT	7.50		7.00	40
41 CHOLESTERAL BLOOD COUNT	8.40		8.00	41
42 HEMATOCRIT	3.25		3.00	42
43 PROTHROMBIN	5.00		5.00	43
44 SEDIMENTATION RATE	4.00		4.00	44
45 BLOOD SUGAR	8.00		8.00	45
46 BUN UREA NITRATE	8.40		8.00	46
47 PAP TEST	8.00		6.00	47
48 URINALYSIS	4.00		4.00	48
49 ELECTROCARDIOGRAM	19.00		20.00	49
50 ELECTROENCEPHALOGRAM	16.50		40.00	50

# CONNECTICUT



## 1977 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.

## CONNECTICUT

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	I	II	III	IV	I	II	III	IV	
01 INITIAL LIMITED OFFICE VISIT	19.20	19.20	15.00	15.00	19.20	20.00	25.00	19.20	01
02 INITIAL COMP OFFICE VISIT	30.00	35.00	25.00	25.50	35.00	38.30	35.00	31.90	02
03 MINIMAL OFFICE VISIT	5.00	6.00	6.00	5.00	6.40	6.40	6.40	5.00	03
04 ROUTINE BRIEF OFFICE VISIT	11.50	11.80	12.00	10.00	12.80	15.00	12.80	12.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	19.20	15.00	15.30	17.00	25.00	19.20	15.30	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	25.00	25.00	25.00	25.00	36.00	25.00	25.00	06
07 INITIAL COMP HOSPITAL VISIT	31.90	31.90	35.00	30.00	45.60	44.70	44.70	31.90	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	12.80	12.80	12.80	12.80	19.20	12.80	12.80	08
09 BIOPSY SKIN	25.00	30.00	25.00	30.00	30.00	40.00	25.00	25.00	09
10 RADICAL MASTECTOMY	640.00	640.00	640.00	640.00	560.00	893.50	720.00	630.00	10
11 REDUCTION OF FRACTURE	700.00	700.00	700.00	700.00	660.00	750.00	750.00	638.20	11
12 ARTHOTOMY	17.00	15.00	19.20	17.00	17.00	15.00	17.00	19.20	12
13 NEEDLE PUNCTURE OF BURSA	17.00	15.00	19.20	17.00	17.00	19.20	15.00	19.20	13
14 BRONCHOSCOPY	165.00	165.00	165.00	165.00	159.60	191.50	190.00	175.00	14
15 THORACENTESIS	25.00	25.00	25.00	25.50	38.30	50.00	40.00	25.00	15
16 CATHETERIZATION	350.00	350.00	350.00	350.00	200.00	250.00	250.00	250.00	16
17 INSERTION OF PACEMAKER	850.00	850.00	850.00	850.00	765.80	850.00	850.00	850.00	17
18 BLOOD TRANSFUSION	25.00	25.00	25.00	25.00	20.00	22.00	20.00	17.90	18
19 COLECTOMY	735.00	735.00	735.00	735.00	690.00	900.00	750.00	635.00	19
20 APPENDECTOMY	400.00	400.00	400.00	400.00	350.00	400.00	400.00	300.00	20
21 SIGMOIDOSCOPY	20.00	28.00	20.00	25.00	25.00	25.00	25.00	25.00	21
22 HEMORRHOIDECTOMY	300.00	300.00	300.00	300.00	275.00	325.00	293.60	220.00	22
23 CHOLECYSTECTOMY	550.00	550.00	550.00	550.00	480.00	600.00	574.60	475.00	23
24 REPAIR HERNIA	280.00	280.00	280.00	280.00	300.00	446.70	360.00	275.00	24
25 CYSTOSCOPY	60.00	60.00	60.00	60.00	60.00	63.80	60.00	51.10	25
26 DILATION OF URETHRA	20.00	20.00	20.00	20.00	15.00	19.20	19.20	25.00	26
27 PROSTATECTOMY	750.00	750.00	750.00	750.00	600.00	850.00	750.00	550.00	27
28 ELECTROSECTION OF PROSTATE	660.00	660.00	660.00	660.00	250.00	750.00	638.20	638.20	28
29 HYSTERECTOMY	650.00	650.00	650.00	650.00	575.00	750.00	638.20	500.00	29
30 EXTRACTION OF LENS	700.00	700.00	700.00	700.00	638.20	800.00	638.20	600.00	30
31 X-RAY CHEST	22.00	25.00	22.00	20.00	24.00	25.00	22.00	20.00	31
32 X-RAY SPINE	28.00	35.00	38.30	39.00	36.00	39.60	38.30	33.00	32
33 X-RAY HIP	30.00	30.00	30.00	30.00	20.00	30.00	35.00	30.00	33
34 X-RAY STOMACH	55.90	60.00	60.00	60.00	57.40	67.70	55.00	50.00	34
35 X-RAY COLON	60.00	60.00	60.00	60.00	57.40	63.80	57.40	50.00	35
36 COBALT	20.00	20.00	20.00	20.00	15.00	20.00	19.20	20.00	36
37 RADIOTHERAPY	15.84	15.84	15.84	15.84	15.00	11.00	15.84	15.84	37
38 HEMOGLOBIN	3.00	2.00	6.00	2.00	2.25	3.00	5.00	3.00	38
39 WHITE CELL COUNT	2.00	2.50	3.00	2.00	2.50	5.00	5.00	5.00	39
40 COMPLETE BLOOD COUNT	6.00	11.00	9.00	8.40	7.00	9.00	8.00	8.40	40
41 CHOLESTEROL BLOOD COUNT	6.50	7.00	7.00	6.00	6.00	6.00	6.00	6.00	41
42 HEMATOCRIT	3.00	2.50	3.00	2.50	3.00	4.00	3.00	2.50	42
43 PROTHROMBIN	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.50	43
44 SEDIMENTATION RATE	3.00	5.00	5.00	3.50	3.50	5.00	5.00	3.00	44
45 BLOOD SUGAR	5.50	5.00	6.00	5.50	5.00	5.00	5.00	5.00	45
46 BUN UREA NITRATE	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	46
47 PAP TEST	5.00	7.00	5.00	5.00	6.50	8.00	6.00	10.00	47
48 URINALYSIS	3.60	5.00	4.00	3.50	3.00	5.00	5.00	3.00	48
49 ELECTROCARDIOGRAM	19.20	20.00	20.00	20.00	19.20	22.00	19.20	19.20	49
50 ELECTROENCEPHALOGRAM	51.30	51.30	51.30	51.30	55.10	50.00	45.00	50.00	50

DELAWARE



One Locality - Statewide

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	SINGLE		SINGLE	
01 INITIAL LIMITED OFFICE VISIT	30.00		40.00	01
02 INITIAL COMP OFFICE VISIT	30.00		40.00	02
03 MINIMAL OFFICE VISIT	8.90		12.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00		15.00	04
05 ROUTINE BRIEF HOME VISIT	12.00		15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00		31.90	06
07 INITIAL COMP HOSPITAL VISIT	30.00		44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.90		12.80	08
09 BIOPSY SKIN	26.46*		19.10	09
10 RADICAL MASTECTOMY	573.30*		765.80	10
11 REDUCTION OF FRACTURE	555.66*		696.78*	11
12 ARTHOTMY	19.10		31.90	12
13 NEEDLE PUNCTURE OF BURSA	18.40		21.86*	13
14 BRONCHOSCOPY	123.48*		136.90	14
15 THORACENTESIS	26.46*		50.00	15
16 CATHETERIZATION	132.30*		142.05*	16
17 INSERTION OF PACEMAKER	250.00		250.00*	17
18 BLOOD TRANSFUSION	17.64*		21.86*	18
19 COLECTOMY	776.16*		961.84*	19
20 APPENDECTOMY	317.52*		287.20	20
21 SIGMOIDOSCOPY	20.00		31.90	21
22 HEMORRHOIDECTOMY	220.50*		255.30	22
23 CHOLECYSTECTOMY	476.28*		446.70	23
24 REPAIR HERNIA	317.52*		287.20	24
25 CYSTOSCOPY	52.92*		63.80	25
26 DILATION OF URETHRA	10.20		18.00	26
27 PROSTATECTOMY	564.48*		590.00	27
28 ELECTROSECTION OF PROSTATE	546.84*		580.00	28
29 HYSTERECTOMY	639.45*		657.00	29
30 EXTRACTION OF LENS	538.02*		574.40	30
31 X-RAY CHEST	15.00		17.00	31
32 X-RAY SPINE	25.00		25.00	32
33 X-RAY HIP	19.00		25.00	33
34 X-RAY STOMACH			90.00	34
35 X-RAY COLON	53.00		53.00	35
36 COBALT	14.00		14.00	36
37 RADIOTHERAPY	14.00		14.00	37
38 HEMOGLOBIN	2.60		2.60	38
39 WHITE CELL COUNT	2.60		2.50	39
40 COMPLETE BLOOD COUNT	6.50		8.50	40
41 CHOLESTERAL BLOOD COUNT	7.10		6.00	41
42 HEMATOCRIT	2.00		3.00	42
43 PROTHROMBIN	6.00		6.00	43
44 SEDIMENTATION RATE	5.00		5.00	44
45 BLOOD SUGAR	5.00		5.00	45
46 BUN UREA NITRATE	5.00		5.00	46
47 PAP TEST	6.40		6.00	47
48 URINALYSIS	3.00		3.00	48
49 ELECTROCARDIOGRAM	20.00		20.00	49
50 ELECTROENCEPHALOGRAM	52.30		52.30	50

## DISTRICT OF COLUMBIA



### One Locality:

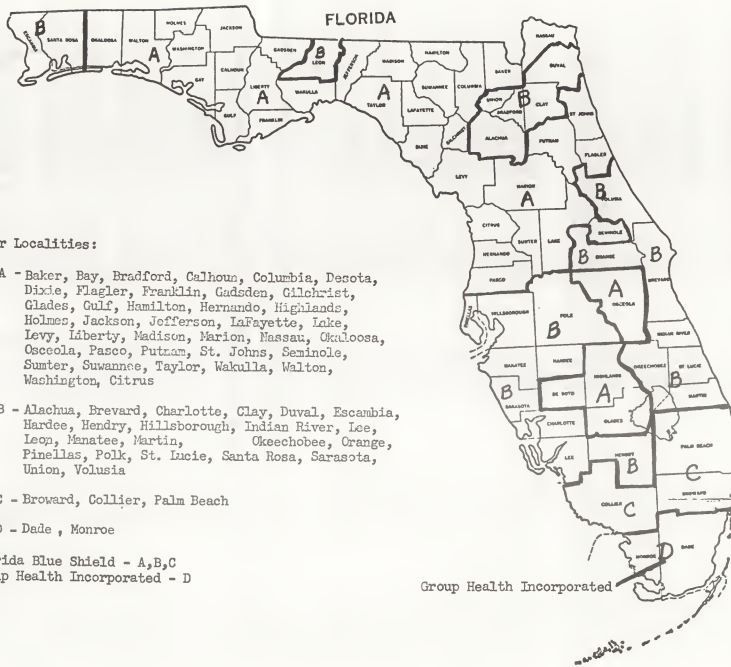
Washington Metropolitan Area, includes Washington, D.C.; Prince Georges and Montgomery Counties in Maryland; Fairfax and Arlington Counties in Virginia and the city of Alexandria, Virginia

## LOCALITY DESIGNATION FOR GENERAL PRACTICE

## LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
01 INITIAL LIMITED OFFICE VISIT	39.60	44.70	01
02 INITIAL COMP OFFICE VISIT	40.00	51.00	02
03 MINIMAL OFFICE VISIT	14.00	17.00	03
04 ROUTINE BRIEF OFFICE VISIT	12.00	12.80	04
05 ROUTINE BRIEF HOME VISIT	16.50	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	38.30	44.70	06
07 INITIAL COMP HOSPITAL VISIT	50.00	63.80	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	15.00	08
09 BIOPSY SKIN	25.00	35.70	09
10 RADICAL MASTECTOMY	638.00	638.00	10
11 REDUCTION OF FRACTURE	686.00*	640.00	11
12 ARTHOTMY	20.00	25.00	12
13 NEEDLE PUNCTURE OF BURSA	19.10	32.10*	13
14 BRONCHOSCOPY	159.50	159.50	14
15 THORACENTESIS	50.00	53.50*	15
16 CATHETERIZATION	588.00*	950.00	16
17 INSERTION OF PACEMAKER	980.00*	1350.00*	17
18 BLOOD TRANSFUSION	19.60*	21.40*	18
19 COLECTOMY	800.00	910.00	19
20 APPENDECTOMY	300.00	319.00	20
21 SIGMOIDOSCOPY	20.00	31.90	21
22 HEMORRHOIDECTOMY	300.00	395.90*	22
23 CHOLECYSTECTOMY	523.20	523.20	23
24 REPAIR HERNIA	300.00	350.00	24
25 CYSTOSCOPY	90.00	80.00	25
26 DILATION OF URETHRA	19.10	19.10	26
27 PROSTATECTOMY	675.00	765.60	27
28 ELECTROSECTION OF PROSTATE	800.00	750.00	28
29 HYSTERECTOMY	833.00*	638.00	29
30 EXTRACTION OF LENS	669.90	669.90	30
31 X-RAY CHEST	15.00	15.00	31
32 X-RAY SPINE	25.00	33.00	32
33 X-RAY HIP	23.00	24.00	33
34 X-RAY STOMACH	50.00	57.40	34
35 X-RAY COLON	45.00	55.00	35
36 COBALT	24.00*	37.00	36
37 RADIOTHERAPY	15.00	12.50	37
38 HEMOGLOBIN	5.00	5.00	38
39 WHITE CELL COUNT	4.00	6.00	39
40 COMPLETE BLOOD COUNT	7.70	7.50	40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	41
42 HEMATOCRIT	3.50	3.80	42
43 PROTHROMBIN	7.00	6.00	43
44 SEDIMENTATION RATE	5.00	3.80	44
45 BLOOD SUGAR	6.00	5.50	45
46 BUN UREA NITRATE	6.00	5.50	46
47 PAP TEST	7.70	7.50	47
48 URINALYSIS	3.80	3.80	48
49 ELECTROCARDIOGRAM	20.25	22.00	49
50 ELECTROENCEPHALOGRAPH	50.00	45.00	50





#### Four Localities:

- A - Baker, Bay, Bradford, Calhoun, Columbia, Desota, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hernando, Highlands, Holmes, Jackson, Jefferson, LaFayette, Lake, Levy, Liberty, Madison, Marion, Nassau, Okaloosa, Osceola, Pasco, Putnam, St. Johns, Seminole, Sumter, Suwannee, Taylor, Wakulla, Walton, Washington, Citrus
- B - Alachua, Brevard, Charlotte, Clay, Duval, Escambia, Hardee, Hendry, Hillsborough, Indian River, Lee, Leon, Manatee, Martin, Okeechobee, Orange, Pinellas, Polk, St. Lucie, Santa Rosa, Sarasota, Union, Volusia
- C - Broward, Collier, Palm Beach
- D - Dade, Monroe

Florida Blue Shield - A,B,C  
Group Health Incorporated - D

Group Health Incorporated

PROCEDURE DESCRIPTION	FLORIDA		
	COMBINED	LOCALITY	DESIGNATION
	AREA A	AREA B	AREA C
01 INITIAL LIMITED OFFICE VISIT	30.00	38.30	35.00
02 INITIAL COMP OFFICE VISIT	30.00	38.30	35.00
03 MINIMAL OFFICE VISIT	5.00	6.00	7.00
04 ROUTINE BRIEF OFFICE VISIT	10.00	12.00	12.80
05 ROUTINE BRIEF HOME VISIT	15.00	19.10	25.00
06 INITIAL BRIEF HOSPITAL VISIT	35.00	44.70	50.00
07 INITIAL COMP HOSPITAL VISIT	35.00	44.70	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	14.00	15.00	20.00
09 BIOPSY SKIN	25.10	25.00	27.80
10 RADICAL MASTECTOMY	750.00	750.00	835.80
11 REDUCTION OF FRACTURE	765.60	765.60	957.00
12 ARTHOTMY	15.00	18.00	18.00
13 NEEDLE PUNCTURE OF BURSA	15.00	16.20	16.00
14 BRONCHOSCOPY	160.00	155.00	159.50
15 THORACENTESIS	35.00	35.00	50.00
16 CATHETERIZATION	250.00	250.00	250.00
17 INSERTION OF PACEMAKER	701.80	765.60	780.00
18 BLOOD TRANSFUSION			18
19 COLECTOMY	638.00	701.80	850.00
20 APPENDECTOMY	350.00	350.00	404.00
21 SIGMOIDOSCOPY	25.10	26.00	31.90
22 HEMORRHOIDECTOMY	265.50	270.00	297.00
23 CHOLECYSTECTOMY	510.40	548.70	638.00
24 REPAIR HERNIA	294.80	350.00	400.00
25 CYSTOSCOPY	35.00	44.70	55.00
26 DILATION OF URETHRA	15.00	15.00	20.00
27 PROSTATECTOMY	638.00	701.80	800.90
28 ELECTROSECTION OF PROSTATE	638.00	638.00	861.30
29 HYSTERECTOMY	659.70	650.00	731.30
30 EXTRACTION OF LENS	600.00	638.00	701.80
31 X-RAY CHEST	18.00	19.00	22.00
32 X-RAY SPINE	53.90	57.70	67.00
33 X-RAY HIP	25.50	25.50	25.50
34 X-RAY STOMACH	45.00	54.00	60.00
35 X-RAY COLON	45.00	45.90	57.40
36 COBALT	34.60	35.00	35.00
37 RADIOTHERAPY	25.50	25.50	29.30
38 HEMOGLOBIN	3.80	3.80	5.00
39 WHITE CELL COUNT	3.00	3.80	4.00
40 COMPLETE BLOOD COUNT	8.00	8.00	10.00
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	8.00
42 HEMATOCRIT	3.00	3.50	3.80
43 PROTHROMBIN	5.00	5.00	6.40
44 SEDIMENTATION RATE	5.00	5.00	5.00
45 BLOOD SUGAR	6.00	6.00	6.40
46 BUN UREA NITRATE	6.40	6.40	7.00
47 PAP TEST	8.00	7.00	10.00
48 URINALYSIS	4.00	4.00	5.00
49 ELECTROCARDIOGRAM	20.00	19.10	25.00
50 ELECTROENCEPHALOGRAM	50.00	50.00	50.00

PROCEDURE DESCRIPTION	COMBINED LOCALITY DESIGNATION	
	SINGLE	
01 INITIAL LIMITED OFFICE VISIT	38.30	01
02 INITIAL COMP OFFICE VISIT	38.30	02
03 MINIMAL OFFICE VISIT	15.00	03
04 ROUTINE BRIEF OFFICE VISIT	15.00	04
05 ROUTINE BRIEF HOME VISIT	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT	50.00	06
07 INITIAL COMP HOSPITAL VISIT	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	25.00	08
09 BIOPSY SKIN	25.00	09
10 RADICAL MASTECTOMY	862.00	10
11 REDUCTION OF FRACTURE	1006.30	11
12 ARTHOTMY	15.00	12
13 NEEDLE PUNCTURE OF BURSA	20.00	13
14 BRONCHOSCOPY	150.00	14
15 THORACENTESIS	50.00	15
16 CATHETERIZATION	300.00	16
17 INSERTION OF PACEMAKER	1000.00	17
18 BLOOD TRANSFUSION	25.00	18
19 COLECTOMY	1000.00	19
20 APPENDECTOMY	416.90	20
21 SIGMOIDOSCOPY	31.90	21
22 HEMORRHOIDECTOMY	400.00	22
23 CHOLECYSTECTOMY	765.60	23
24 REPAIR HERNIA	412.75	24
25 CYSTOSCOPY	50.00	25
26 DILATION OF URETHRA	20.00	26
27 PROSTATECTOMY	826.60	27
28 ELECTROSECTION OF PROSTATE	861.30	28
29 HYSTERECTOMY	754.80	29
30 EXTRACTION OF LENS	701.80	30
31 X-RAY CHEST	20.00	31
32 X-RAY SPINE	38.30	32
33 X-RAY HIP	25.50	33
34 X-RAY STOMACH	57.40	34
35 X-RAY COLON	57.40	35
36 COBALT	20.00	36
37 RADIOTHERAPY	20.00	37
38 HEMOGLOBIN	16.00	38
39 WHITE CELL COUNT	5.00	39
40 COMPLETE BLOOD COUNT	9.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	41
42 HEMATOCRIT	5.00	42
43 PROTHROMBIN	7.00	43
44 SEDIMENTATION RATE	7.00	44
45 BLOOD SUGAR	6.00	45
46 BUN UREA NITRATE	6.00	46
47 PAP TEST	10.00	47
48 URINALYSIS	5.00	48
49 ELECTROCARDIOGRAM	25.00	49
50 ELECTROENCEPHALOGRAM	65.00	50

GEORGIA



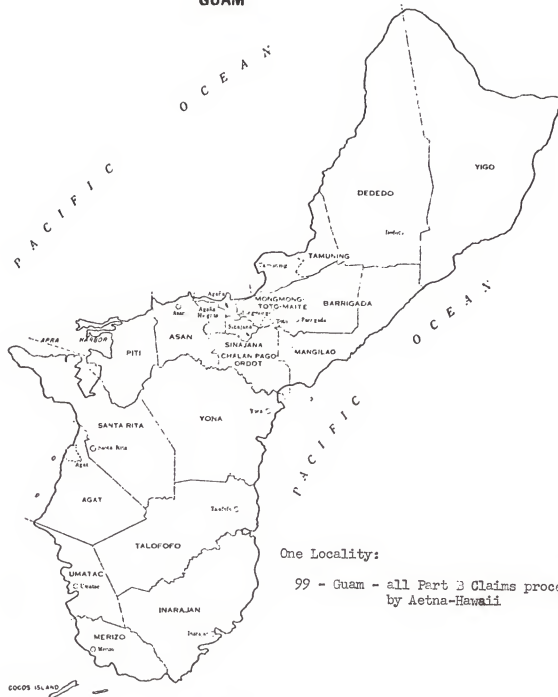
Four Localities (by counties)  
 (For more locality information  
 see Appendix A)

## 1977 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY

GEORGIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	01	02	03	04	01	02	03	04	
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	15.00	12.00	25.00	15.00	15.00	25.00	01
02 INITIAL COMP OFFICE VISIT	50.00	57.40	38.30	25.00	75.00	44.70	50.00	50.00	02
03 MINIMAL OFFICE VISIT									03
04 ROUTINE BRIEF OFFICE VISIT	8.90	8.90	8.90	6.40	12.80	12.00	10.00	8.90	04
05 ROUTINE BRIEF HOME VISIT	13.80	13.00	15.00	12.00	19.10	15.00	17.90	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	35.00	31.90	31.90	25.00	50.00	44.70	35.00	31.90	06
07 INITIAL COMP HOSPITAL VISIT	51.00	51.00	44.70	35.00	75.00	57.40	50.00	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	11.40	12.00	10.00	12.00	12.80	12.00	12.80	12.30	08
09 BIOPSY SKIN	15.00	15.00	15.00	15.00	25.00	20.00	20.00	24.00	09
10 RADICAL MASTECTOMY	600.00	600.00	600.00	600.00	650.00	540.00	525.00	600.00	10
11 REDUCTION OF FRACTURE	500.00	500.00	500.00	500.00	714.60	714.60	638.00	638.00	11
12 ARTHOTOMY	15.00	15.00	10.00	10.00	15.00	15.00	16.00	10.00	12
13 NEEDLE PUNCTURE OF BURSA	15.00	10.00	8.00	10.00	15.00	15.30	8.00	8.00	13
14 BRONCHOSCOPY	153.10	153.10	153.10	153.10	243.40	150.00	120.00	112.00	14
15 THORACENTESIS	25.00	25.00	25.00	25.00	35.00	30.00	35.00	35.00	15
16 CATHETERIZATION	235.80	235.80	235.80	235.80	255.20	210.00	238.60	235.80	16
17 INSERTION OF PACEMAKER	697.70	697.70	697.70	697.70	697.70	697.70	697.70	638.00	17
18 BLOOD TRANSFUSION	16.00	16.00	16.00	16.00	15.00	16.00	16.00	16.00	18
19 COLECTOMY	612.50	612.50	612.50	612.50	750.00	612.50	510.40	612.50	19
20 APPENDECTOMY	285.00	285.00	285.00	285.00	280.00	280.00	285.00	280.00	20
21 SIGMOIDOSCOPY	25.00	15.30	19.10	20.00	30.00	25.00	25.00	20.00	21
22 HEMORRHOIDECTOMY	275.00	275.00	275.00	275.00	245.00	245.00	275.00	245.00	22
23 CHOLECYSTECTOMY	446.60	446.60	446.60	360.00	510.40	459.40	400.00	478.50	23
24 REPAIR HERNIA	255.20	255.20	255.20	360.00	344.50	287.10	297.00	300.00	24
25 CYSTOSCOPY	40.00	40.00	40.00	40.00	40.00	38.30	40.00	60.00	25
26 DILATION OF URETHRA	19.10	19.10	19.10	20.00	12.00	12.80	10.00	12.00	26
27 PROSTATECTOMY	574.20	574.20	574.20	574.20	574.20	574.20	510.40	574.20	27
28 ELECTROSECTION OF PROSTATE	620.00	620.00	620.00	620.00	612.50	650.00	562.00	500.00	28
29 HYSTERECTOMY	550.00	550.00	550.00	550.00	550.00	500.00	550.00	550.00	29
30 EXTRACTION OF LENS	550.00	550.00	550.00	550.00	561.40	543.20	500.00	500.00	30
31 X-RAY CHEST	8.00	8.00	8.00	8.00	8.00	12.00	7.50	8.00	31
32 X-RAY SPINE	16.00	16.00	16.00	16.00	14.00	17.60	15.00	9.50	32
33 X-RAY HIP	12.00	12.00	12.00	12.00	8.00	12.00	11.00	9.00	33
34 X-RAY STOMACH	24.00	24.00	24.00	24.00	22.00	26.00	23.00	19.10	34
35 X-RAY COLON	22.50	22.50	22.50	22.50	18.00	24.20	22.00	19.10	35
36 COBALT	19.75	19.75	19.75	19.75					36
37 RADIO THERAPY	14.75	14.75	14.75	14.75	28.50	30.00	15.00	30.00	37
38 HEMOGLOBIN	3.00	3.80	2.60	3.00	3.00	3.80	3.00	2.60	38
39 WHITE CELL COUNT	4.00	3.80	3.50	2.60	4.00	3.00	2.60	3.00	39
40 COMPLETE BLOOD COUNT	8.00	7.70	7.00	7.70	6.40	8.30	7.50	8.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	6.00	6.00	6.00	7.00	5.50	6.00	41
42 HEMATOCRIT	3.00	3.00	2.60	2.60	3.00	3.00	3.00	2.00	42
43 PROTHROMBIN	6.00	6.00	5.00	6.00	7.70	6.00	5.00	5.00	43
44 SEDIMENTATION RATE	6.00	6.00	5.00	5.00	3.00	4.00	4.00	3.00	44
45 BLOOD SUGAR	6.00	6.00	6.00	6.00	6.40	7.00	6.00	6.00	45
46 BUN UREA NITRATE	5.00	6.00	6.40	6.00	6.40	7.00	6.00	8.00	46
47 PAP TEST	7.70	6.00	7.70	7.70	8.50	7.00	7.00	7.50	47
48 URINALYSIS	4.90	3.80	3.00	1.90	3.80	3.80	3.80	3.80	48
49 ELECTROCARDIOGRAM	16.00	19.10	18.00	19.10	19.10	19.10	19.10	19.10	49
50 ELECTROENCEPHALOGRAM	45.00	45.00	45.00	45.00	50.00	45.00	50.00	50.00	50

# GUAM



One Locality:

99 - Guam - all Part B Claims processed  
by Aetna-Hawaii



HAWAII

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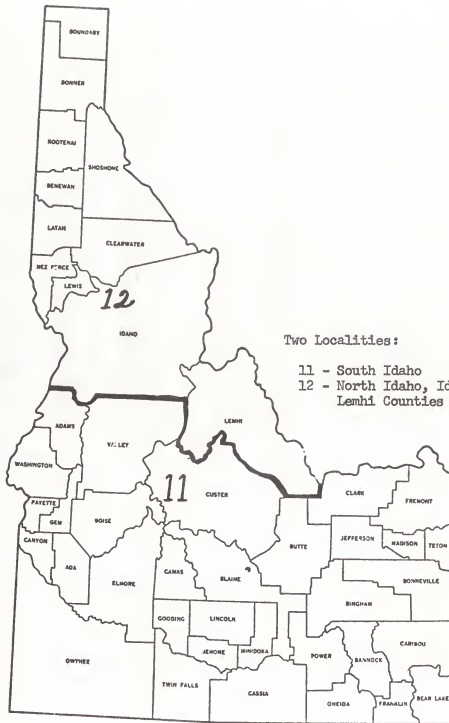
01 - Honolulu County  
02 - Hawaii County  
03 - Kauai County  
04 - Maui County and Kalawao County

## 1977 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

HAWAII

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	01	02	03	04	99	01	02	03	04	99	
01 INITIAL LIMITED OFFICE VISIT	15.00	11.50	11.50	11.50	12.50	15.30	15.60	13.40	13.50	15.30	01
02 INITIAL COMP OFFICE VISIT	44.70	44.70	44.70	44.70	44.70	51.00	51.00	51.00	51.00	51.00	02
03 MINIMAL OFFICE VISIT	8.00	6.10	6.00	5.20	8.00	7.70	7.70	7.70	7.00	7.70	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	7.70	7.70	8.30	6.40	10.20	9.60	8.90	8.90	7.40	04
05 ROUTINE BRIEF HOME VISIT	19.10	12.80	19.10	11.70	19.10	18.20	18.20	18.20	18.20	18.20	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	23.00	23.00	21.80	23.00	31.90	26.50	25.20	23.40	30.60	06
07 INITIAL COMP HOSPITAL VISIT	53.60	46.50	51.00	47.30	51.00	63.80	63.80	53.60	53.60	44.40	07
08 ROUTINE BRIEF HOSPITAL VISIT	9.60	7.70	7.70	7.70	7.50	15.30	12.00	8.90	8.90	8.00	08
09 BIOPSY SKIN	25.50	25.50	24.00	25.00	25.50	33.20	25.50	25.50	25.50	25.50	09
10 RADICAL MASTECTOMY	816.00	816.60	816.60	816.60	816.60	816.60	816.60	816.60	816.60	816.60	10
11 REDUCTION OF FRACTURE	787.50	787.50	787.50	787.50	787.50	787.50	787.50	787.50	787.50	787.50	11
12 ARTHOTOMY	26.80	18.00	18.90	18.20	23.00	30.00	23.90	24.00	17.90	24.00	12
13 NEEDLE PUNCTURE OF BURSA	25.50	21.80	21.80	15.60	21.80	27.90	18.90	26.50	26.00	26.50	13
14 BRONCHOSCOPY	153.10	153.10	153.10	153.10	153.10	141.60	143.60	143.60	143.60	143.60	14
15 THORACENTESIS	26.80	28.10	28.10	28.10	28.10	30.60	28.70	28.70	28.70	28.70	15
16 CATHETERIZATION	345.80	345.80	345.80	345.80	345.80	345.80	345.80	345.80	345.80	345.80	16
17 INSERTION OF PACEMAKER	893.20	893.20	893.20	893.20	893.20	893.20	893.20	893.20	893.20	893.20	17
18 BLOOD TRANSFUSION	40.80	40.80	40.80	40.80	40.80	40.80	40.80	40.80	40.80	40.80	18
19 COLECTOMY	816.60	816.60	816.60	816.60	816.60	816.60	624.00	714.60	707.20	816.60	19
20 APPENDECTOMY	357.30	357.30	357.30	357.30	357.30	408.20	408.30	408.30	408.30	408.30	20
21 SIGMOIDOSCOPY	26.80	23.00	26.80	26.20	26.80	30.60	24.90	26.80	26.80	30.60	21
22 HEMORRHOIDECTOMY	287.10	287.10	287.10	287.10	287.10	306.20	229.70	306.20	306.20	306.20	22
23 CHOLECYSTECTOMY	574.20	574.20	574.20	574.20	574.20	612.50	436.80	612.50	612.50	612.50	23
24 REPAIR HERNIA	319.00	319.00	319.00	319.00	319.00	357.30	291.20	322.20	312.60	357.30	24
25 CYSTOSCOPY	71.50	71.50	71.50	71.50	71.50	71.50	71.50	71.50	71.50	71.50	25
26 DILATION OF URETHRA	26.50	26.50	26.50	26.50	26.50	31.20	31.20	31.20	26.20	31.20	26
27 PROSTATECTOMY	714.60	714.60	714.60	714.60	714.60	714.60	714.60	714.60	689.90	714.60	27
28 ELECTROSECTION OF PROSTATE	717.80	717.80	717.80	717.80	717.80	765.60	717.80	717.80	717.80	717.80	28
29 HYSTERECTOMY	714.60	714.60	714.60	714.60	714.60	714.60	714.60	714.60	714.60	714.60	29
30 EXTRACTION OF LENS	765.60	765.60	765.60	765.60	765.60	765.60	765.60	663.50	714.60	510.40	30
31 X-RAY CHEST	15.30	14.30	15.30	12.00	15.30	17.20	12.80	16.70	12.00	16.30	31
32 X-RAY SPINE	31.30	31.30	31.30	31.30	31.30	30.90	22.30	30.90	30.90	30.70	32
33 X-RAY HIP	27.25	25.75	27.25	27.25	27.25	30.40	25.50	30.40	30.40	30.40	33
34 X-RAY STOMACH	48.20	47.80	47.80	45.90	47.80	57.40	38.30	57.40	57.40	57.40	34
35 X-RAY COLON	51.00	51.00	51.00	51.00	51.00	52.30	52.30	52.30	52.30	52.30	35
36 COBALT	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	36
37 RADIO THERAPY	35.20*	28.40*	26.40*	29.20*	34.80*	33.20*	33.20*	33.20*	33.20*	33.20*	37
38 HEMOGLOBIN	4.20	6.00	5.00	4.40	4.20	3.60	5.20	4.20	4.70	4.20	38
39 WHITE CELL COUNT	4.20	4.20	4.20	4.20	4.20	4.40	4.70	4.70	4.70	4.70	39
40 COMPLETE BLOOD COUNT	8.30	7.30	8.00	10.30	8.80	8.10	8.80	8.80	10.30	8.80	40
41 CHOLESTERAL BLOOD COUNT	7.20	6.90	8.00	8.00	8.00	8.00	8.00	8.00	6.80	8.00	41
42 HEMATOCRIT	4.40	3.10	3.60	3.00	3.60	4.00	5.20	4.20	4.70	4.20	42
43 PROTHROMBIN	6.25	6.25	6.25	9.40	6.25	8.25	7.90	8.30	9.40	8.30	43
44 SEDIMENTATION RATE	5.75	4.70	5.20	5.20	5.20	6.20	7.30	6.20	6.50	6.20	44
45 BLOOD SUGAR	8.30	6.25	10.00	9.40	8.30	7.30	7.80	7.80	9.40	7.80	45
46 BUN UREA NITRATE	7.30	6.25	7.30	7.30	7.30	7.30	7.30	7.30	9.60	7.30	46
47 PAP TEST	7.25	5.50	7.30	7.80	7.30	9.60	10.00	9.60	9.60	9.00	47
48 URINALYSIS	3.10	3.10	3.40	4.40	3.10	3.60	4.00	3.60	4.70	3.60	48
49 ELECTROCARDIOGRAM	23.00	19.10	19.90	18.70	23.00	25.50	23.40	25.50	15.60	25.50	49
50 ELECTROENCEPHALOGRAM	58.10	58.10	58.10	58.10	58.10	58.10	58.10	58.10	58.10	58.10	50

# IDAHO



Two Localities:

- 11 - South Idaho
- 12 - North Idaho, Idaho and Lemhi Counties and points north

## 1977 PREVAILING CHARGE SUMMARY DATA

## EQUITABLE LIFE ASSURANCE SOCIETY

## IDAHO

		LOCALITY DESIGNATION		FOR	GENERAL PRACTICE		LOCALITY DESIGNATION		FOR	SPECIALIST		
PROCEDURE DESCRIPTION		11			12			11			12	
01	INITIAL LIMITED OFFICE VISIT	12.80			12.80			15.00			16.00	01
02	INITIAL COMP OFFICE VISIT	44.70			45.50			45.00			56.00	02
03	MINIMAL OFFICE VISIT	5.10			6.10			6.00			6.40	03
04	ROUTINE BRIEF OFFICE VISIT	7.70			7.70			10.20			9.60	04
05	ROUTINE BRIEF HOME VISIT	14.00			15.30			19.20			26.80	05
06	INITIAL BRIEF HOSPITAL VISIT	20.00			24.00			25.00			24.00	06
07	INITIAL COMP HOSPITAL VISIT	40.00			40.00			44.70			47.50	07
08	ROUTINE BRIEF HOSPITAL VISIT	7.70			7.70			10.00			9.60	08
09	BIOPSY SKIN	25.50			20.00			25.00			22.30	09
10	RADICAL MASTECTOMY	446.70			446.70			446.70			446.70	10
11	REDUCTION OF FRACTURE	350.00			612.70			612.70			612.70	11
12	ARTHOTMY	10.00			12.80			11.00			12.80	12
13	NEEDLE PUNCTURE OF BURSA	12.00			14.00			13.80			16.00	13
14	BRONCHOSCOPY	121.30						121.30			108.00	14
15	THORACENTESIS	30.00			21.00			30.00			25.20	15
16	CATHETERIZATION							177.10				16
17	INSERTION OF PACEMAKER							510.60				17
18	BLOOD TRANSFUSION	5.00			24.90			17.70				18
19	COLECTOMY							630.00			574.40	19
20	APPENDECTOMY	285.00						294.50			268.70	20
21	SIGMOIDOSCOPY	19.20			24.30			19.20			25.50	21
22	HEMORRHOIDECTOMY	200.00			209.00			221.40			198.00	22
23	CHOLECYSTECTOMY	435.00			434.00			446.70			435.00	23
24	REPAIR HERNIA	223.40			236.10			255.30			252.00	24
25	CYSTOSCOPY	44.70						36.00			33.60	25
26	DILATION OF URETHRA	7.00			12.80			12.00			10.00	26
27	PROSTATECTOMY							620.00			528.00	27
28	ELECTROSECTION OF PROSTATE	510.60						510.60			510.60	28
29	HYSTERECTOMY	400.00						510.60			510.60	29
30	EXTRACTION OF LENS	375.00						478.70			638.20	30
31	X-RAY CHEST	15.00			12.60			20.00			19.20	31
32	X-RAY SPINE	28.10			22.10			25.00			28.00	32
33	X-RAY HIP	18.00			22.00			18.80			21.70	33
34	X-RAY STOMACH	45.00			39.60			44.00			44.00	34
35	X-RAY COLON	45.00			30.60			44.00			45.00	35
36	COBALT							10.00			12.00	36
37	RADIO THERAPY											37
38	HEMOGLOBIN	3.00			3.00			2.40			2.25	38
39	WHITE CELL COUNT	4.00			3.00			2.30			2.50	39
40	COMPLETE BLOOD COUNT	8.00			8.40			8.00			13.50	40
41	CHOLESTERAL BLOOD COUNT	6.50			7.50			6.60			7.50	41
42	HEMATOCRIT	4.00			2.50			3.50			3.50	42
43	PROTHROMBIN	5.00			8.50			6.00			8.00	43
44	SEDIMENTATION RATE	5.00			3.60			5.00			4.00	44
45	BLOOD SUGAR	6.00			6.00			6.00			6.50	45
46	BUN UREA NITRATE	6.00			5.00			8.00			7.00	46
47	PAP TEST	10.00			8.00			6.00			8.00	47
48	URINALYSIS	3.60			3.60			4.00			4.00	48
49	ELECTROCARDIOGRAM	19.20			19.20			20.00			23.00	49
50	ELECTROENCEPHALOGRAM	55.00						55.00				50

# ILLINOIS



Health Care Service  
Corporation

Sixteen Localities:  
Cook County - Health Care  
Service Corporation  
1-15 - Continental Casualty Co.  
(For more locality information  
see Appendix A)

## 1977 PREVAILING CHARGE SUMMARY DATA

## HEALTH CARE SERVICE CORPORATION

## ILLINOIS

LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEDURE DESCRIPTION	COOK CO		COOK CO
01 INITIAL LIMITED OFFICE VISIT	25.00		35.00
02 INITIAL COMP OFFICE VISIT	50.00		60.00
03 MINIMAL OFFICE VISIT	10.00		15.00
04 ROUTINE BRIEF OFFICE VISIT	10.00		15.00
05 ROUTINE BRIEF HOME VISIT	20.00		25.00
06 INITIAL BRIEF HOSPITAL VISIT	35.00		50.00
07 INITIAL COMP HOSPITAL VISIT	50.00		60.00
08 ROUTINE BRIEF HOSPITAL VISIT	15.00		15.00
09 BIOPSY SKIN	35.00		35.00
10 RADICAL MASTECTOMY			750.00
11 REDUCTION OF FRACTURE			900.00
12 ARTHOTMY	18.00		23.00
13 NEEDLE PUNCTURE OF BURSA	25.00		25.00
14 BRONCHOSCOPY			200.00
15 THORACENTESIS	56.25		56.25
16 CATHETERIZATION			300.00
17 INSERTION OF PACEMAKER			893.20
18 BLOOD TRANSFUSION	33.20		33.20
19 COLECTOMY	600.00		950.00
20 APPENDECTOMY			500.00
21 SIGMOIDOSCOPY	50.00		35.00
22 HEMORRHOIDECTOMY			350.00
23 CHOLECYSTECTOMY	600.00		650.00
24 REPAIR HERNIA	400.00		400.00
25 CYSTOSCOPY	50.00		50.00
26 DILATION OF URETHRA	15.00		15.00
27 PROSTATECTOMY			800.00
28 ELECTROSECTION OF PROSTATE			700.00
29 HYSTERECTOMY	750.00		750.00
30 EXTRACTION OF LENS			700.00
31 X-RAY CHEST	18.00		18.00
32 X-RAY SPINE	30.00		30.00
33 X-RAY HIP	25.00		25.00
34 X-RAY STOMACH	30.00		45.00
35 X-RAY COLON	45.00		45.00
36 COBALT			24.00
37 RADIOTHERAPY			24.00
38 HEMOGLOBIN	3.00		3.50
39 WHITE CELL COUNT	5.50		3.50
40 COMPLETE BLOOD COUNT	8.50		9.00
41 CHOLESTERAL BLOOD COUNT	7.00		6.00
42 HEMATOCRIT	4.00		4.00
43 PROTHROMBIN	5.00		6.00
44 SEDIMENTATION RATE	5.00		5.00
45 BLOOD SUGAR	6.00		6.00
46 BUN UREA NITRATE	6.00		6.00
47 PAP TEST	10.00		10.00
48 URINALYSIS	4.00		5.00
49 ELECTROCARDIOGRAM	15.00		18.00
50 ELECTROENCEPHALOGRAPH	25.00		60.00



PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	O1	O2	O3	O4	O5	O1	O2	O3	O4	O5	
01 INITIAL LIMITED OFFICE VISIT	12.00	19.10	15.00	15.00	25.50	19.10	20.00	19.10	25.00	19.10	01
02 INITIAL COMP OFFICE VISIT	15.00	21.00	23.00	31.90	30.00	30.00	35.00	25.00	35.00	36.00	02
03 MINIMAL OFFICE VISIT	2.00	7.70	3.80	3.00	2.00	4.90	3.00	3.80	2.00	4.00	03
04 ROUTINE BRIEF OFFICE VISIT	6.40	8.90	7.70	7.70	8.90	8.00	10.20	8.90	10.00	10.20	04
05 ROUTINE BRIEF HOME VISIT	10.00	15.00	12.00	12.00	12.80	15.00	15.00	15.00	15.00	19.10	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	20.00	25.00	25.00	20.00	30.00	35.00	30.00	35.00	30.00	06
07 INITIAL COMP HOSPITAL VISIT	25.00	34.50	25.00	31.90	34.50	44.40	44.00	38.00	40.00	38.30	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	8.90	8.90	8.90	8.90	8.90	11.00	10.00	10.20	10.20	08
09 BIOPSY SKIN	15.00	15.00	15.00	15.00	15.00	60.00	60.00	60.00	60.00	60.00	09
10 RADICAL MASTECTOMY	595.00	595.00	595.00	595.00	595.00	500.00	500.00	500.00	500.00	500.00	10
11 REDUCTION OF FRACTURE	850.00	850.00	850.00	850.00	850.00	850.00	850.00	850.00	630.00	612.50	11
12 ARTHOTMY	8.00	10.00	12.00	10.00	19.10	5.00	15.00	10.00	18.00	10.00	12
13 NEEDLE PUNCTURE OF BURSA	10.00	12.80	13.70	10.00	19.10	10.00	15.00	10.00	10.00	10.00	13
14 BRONCHOSCOPY	150.00	150.00	150.00	150.00	150.00	150.00	150.00	127.60	150.00	127.60	14
15 THORACENTESIS	35.00	44.70	35.00	25.00	35.00	50.00	50.00	50.00	50.00	40.00	15
16 CATHETERIZATION	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	16
17 INSERTION OF PACEMAKER	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	17
18 BLOOD TRANSFUSION	13.80*	14.40*	13.00*	13.60*	17.80*	10.80*	17.40*	15.60*	17.60*	19.40*	18
19 COLECTOMY	720.00	720.00	720.00	720.00	720.00	675.00	675.00	669.00	675.00	600.00	19
20 APPENDECTOMY	276.00*	288.00*	272.00*	272.00*	356.00*	216.00*	348.00*	312.00*	352.00*	388.00*	20
21 SIGMOIDOSCOPY	25.00	25.00	25.00	30.00	25.00	25.00	20.00	25.00	31.90	31.90	21
22 HEMORRHOIDECTOMY	300.00	300.00	300.00	300.00	300.00	200.00	200.00	200.00	200.00	200.00	22
23 CHOLECYSTECTOMY	425.00	425.00	425.00	410.00	425.00	480.00	450.00	500.00	450.00	500.00	23
24 REPAIR HERNIA	250.00	250.00	300.00	250.00	250.00	319.00	300.00	300.00	295.00	279.00	24
25 CYSTOSCOPY	45.00	45.00	45.00	45.00	45.00	45.00	40.00	50.00	38.30	60.00	25
26 DILATION OF URETHRA	20.00	20.00	20.00	20.00	20.00	12.00	10.00	5.00	15.00	9.00	26
27 PROSTATECTOMY	640.00	640.00	640.00	640.00	640.00	640.00	650.00	612.50	612.50	640.00	27
28 ELECTROSECTION OF PROSTATE	640.00	640.00	640.00	640.00	640.00	640.00	600.00	638.00	640.00	495.00	28
29 HYSTERECTOMY	600.00	600.00	600.00	600.00	600.00	550.00	550.00	550.00	550.00	550.00	29
30 EXTRACTION OF LENS	600.00	600.00	600.00	600.00	600.00	650.00	600.00	500.00	500.00	510.40	30
31 X-RAY CHEST	12.00	19.00	12.00	15.00	19.10	20.00	17.00	7.00	20.00	7.00	31
32 X-RAY SPINE	27.00	31.90	27.00	20.00	21.70	30.00	30.00	30.00	30.00	30.00	32
33 X-RAY HIP	25.00	25.00	25.00	25.00	25.00	30.00	30.00	30.00	30.00	30.00	33
34 X-RAY STOMACH	46.00	46.00	46.00	46.00	38.30	45.00	47.50	17.00	45.00	45.00	34
35 X-RAY COLON	39.00	39.00	39.00	39.00	39.00	42.00	47.50	42.00	42.00	15.00	35
36 CORAL	15.00	15.00	15.00	15.00	15.00	11.00	11.00	11.00	11.00	11.00	36
37 RADIOGRAPHY	20.00	20.00	20.00	20.00	20.00	14.00	14.00	12.80	14.00	14.00	37
38 HEMOGLOBIN	2.00	3.00	2.00	3.00	3.00	2.50	2.00	3.00	3.00	4.00	38
39 WHITE CELL COUNT	1.00	3.00	3.00	2.00	4.00	2.50	2.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	6.00	8.00	6.50	9.00	10.00	7.50	8.50	7.00	8.00	8.50	40
41 CHOLESTERAL BLOOD COUNT	6.50	6.00	5.00	7.00	6.00	6.50	6.00	6.00	6.00	6.00	41
42 HEMATOCRIT	3.00	1.50	3.00	3.00	3.00	2.50	2.00	2.00	3.00	3.00	42
43 PROTHROMBIN	4.25	8.00	5.00	5.50	5.00	4.00	5.00	4.00	5.00	5.00	43
44 SEDIMENTATION RATE	5.00	4.00	3.50	5.00	5.00	6.00	4.00	3.00	4.00	5.00	44
45 BLOOD SUGAR	5.00	6.00	6.00	6.00	6.00	5.00	5.00	5.50	5.00	6.00	45
46 BUN UREA NITRATE	6.50	7.00	6.00	7.00	7.00	5.00	5.00	6.00	6.00	7.00	46
47 PAP TEST	10.00	9.00	10.00	10.00	10.00	8.00	6.00	9.00	10.00	7.00	47
48 URINALYSIS	4.00	3.00	4.00	5.00	3.00	4.00	5.00	4.00	6.00	4.00	48
49 ELECTROCARDIOGRAM	15.00	16.00	15.00	20.00	19.10	17.00	15.00	14.50	20.00	19.10	49
50 ELECTROENCEPHALOGRAM	15.00	15.00	15.00	15.00	15.00	16.00	16.00	16.00	16.00	16.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA

## CONTINENTAL CASUALTY COMPANY

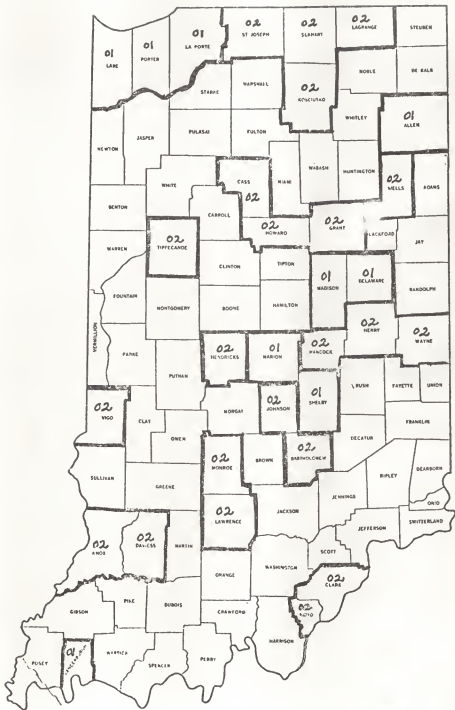
## ILLINOIS

	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
PROCEDURE DESCRIPTION	06	07	08	09	10	06	07	08	09	10	
01 INITIAL LIMITED OFFICE VISIT	15.00	16.00	15.30	15.00	15.00	20.00	20.00	18.00	23.00	19.10	01
02 INITIAL COMP OFFICE VISIT	19.10	25.00	19.10	24.70	15.50	21.00	25.50	25.50	25.00	30.00	02
03 MINIMAL OFFICE VISIT	3.00	2.00	3.00	2.00	3.00	4.90	4.50	3.00	3.00	3.80	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	7.70	7.70	8.00	8.90	8.90	8.90	8.90	10.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	12.80	10.00	15.00	15.00	15.00	15.00	12.80	15.00	15.00	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	19.10	25.00	25.00	20.00	30.00	25.50	20.00	35.00	25.00	06
07 INITIAL COMP HOSPITAL VISIT	34.50	34.50	34.50	35.00	34.50	31.90	38.30	30.00	35.00	44.40	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.90	7.70	8.90	8.90	8.90	11.00	8.90	8.90	10.00	10.00	08
09 BIOPSY SKIN	15.00	15.00	15.00	15.00	15.00	60.00	60.00	60.00	60.00	60.00	09
10 RADICAL MASTECTOMY	595.00	595.00	595.00	595.00	595.00	500.00	500.00	500.00	500.00	500.00	10
11 REDUCTION OF FRACTURE	850.00	850.00	850.00	850.00	850.00	850.00	850.00	500.00	850.00	850.00	11
12 ARTHOTMY	10.00	9.00	12.00	12.80	10.00	10.00	15.00	12.00	9.00	10.00	12
13 NEEDLE PUNCTURE OF BURSA	10.00	7.00	12.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	13
14 BRONCHOSCOPY	150.00	150.00	150.00	150.00	150.00	150.00	100.00	150.00	150.00	175.00	14
15 THORACENTESIS	38.30	35.00	27.50	35.00	35.00	50.00	50.00	50.00	50.00	51.00	15
16 CATHETERIZATION	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	16
17 INSERTION OF PACEMAKER	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	17
18 BLOOD TRANSFUSION	17.20*	11.00*	14.00*	15.00*	14.80*	16.00*	14.20*	16.60*	14.60*	15.20*	18
19 COLECTOMY	720.00	720.00	720.00	720.00	720.00	675.00	638.00	595.00	675.00	540.00	19
20 APPENDECTOMY	344.00*	220.00*	280.00*	300.00*	296.00*	320.00*	284.00*	332.00*	292.00*	304.00*	20
21 SIGMOIDOSCOPY	31.90	25.00	25.00	25.00	26.00	25.00	25.00	25.00	25.00	25.00	21
22 HEMORRHOIDECTOMY	300.00	300.00	300.00	300.00	300.00	200.00	200.00	200.00	200.00	200.00	22
23 CHOLECYSTECTOMY	425.00	425.00	425.00	425.00	425.00	485.00	400.00	464.00	500.00	300.00	23
24 REPAIR HERNIA	250.00	250.00	250.00	250.00	250.00	275.00	250.00	287.10	300.00	270.00	24
25 CYSTOSCOPY	45.00	45.00	45.00	45.00	45.00	35.00	38.30	45.00	35.00	25.00	25
26 DILATION OF URETHRA	20.00	10.00	20.00	20.00	20.00	25.00	10.00	8.00	5.00	12.00	26
27 PROSTATECTOMY	640.00	640.00	640.00	640.00	640.00	640.00	640.00	640.00	640.00	480.00	27
28 ELECTROSECTION OF PROSTATE	640.00	640.00	640.00	640.00	640.00	560.00	574.20	427.00	500.00	350.00	28
29 HYSTERECTOMY	600.00	600.00	600.00	600.00	600.00	550.00	550.00	550.00	542.30	550.00	29
30 EXTRACTION OF LENS	600.00	600.00	600.00	600.00	600.00	574.20	638.00	600.00	510.40	500.00	30
31 X-RAY CHEST	12.00	19.10	18.00	16.00	17.00	8.50	20.00	6.50	20.00	18.00	31
32 X-RAY SPINE	27.00	27.00	24.00	19.10	27.00	30.00	30.00	30.00	30.00	30.00	32
33 X-RAY HIP	25.00	25.00	25.00	25.00	25.00	30.00	30.00	30.00	30.00	30.00	33
34 X-RAY STOMACH	46.00	46.00	46.00	46.00	46.00	45.00	45.00	45.00	45.00	40.00	34
35 X-RAY COLON	39.00	37.00	39.00	39.00	39.00	42.00	42.00	42.00	42.00	44.70	35
36 COBALT	15.00	15.00	15.00	15.00	15.00	11.00	11.00	11.00	11.00	11.00	36
37 RADIOTHERAPY	20.00	20.00	20.00	20.00	20.00	14.00	14.00	14.00	14.00	14.00	37
38 HEMOGLOBIN	3.00	2.50	3.00	1.00	3.00	3.00	2.50	3.00	4.00	1.50	38
39 WHITE CELL COUNT	3.00	3.00	3.00	2.00	3.00	4.00	3.00	3.00	4.00	4.00	39
40 COMPLETE BLOOD COUNT	6.00	5.00	7.00	6.00	7.00	6.00	7.00	7.00	7.00	6.00	40
41 CHOLESTERAL BLOOD COUNT	5.00	5.00	6.00	5.00	6.00	7.00	6.00	6.00	7.00	5.00	41
42 HEMATOCRIT	3.00	3.00	3.00	2.50	3.00	3.00	3.00	3.00	4.00	3.00	42
43 PROTHROMBIN	5.00	4.00	5.00	5.00	5.00	6.00	4.00	4.00	5.00	5.00	43
44 SEDIMENTATION RATE	4.00	4.00	4.00	5.00	5.00	4.00	4.00	3.00	5.00	4.00	44
45 BLOOD SUGAR	6.00	6.00	6.00	5.00	5.00	7.00	6.00	6.00	5.00	4.00	45
46 BUN UREA NITRATE	5.00	6.50	5.00	6.00	4.00	8.00	6.00	6.00	5.00	6.00	46
47 PAP TEST	10.50	8.50	10.00	10.00	10.00	8.00	6.00	10.00	5.00	10.00	47
48 URINALYSIS	5.50	4.00	3.00	3.00	3.00	7.00	4.00	7.00	7.00	7.00	48
49 ELECTROCARDIOGRAM	15.00	19.10	19.10	19.10	20.00	15.00	18.00	16.00	18.00	16.00	49
50 ELECTROENCEPHALOGRAM	15.00	15.00	15.00	15.00	15.00	16.00	16.00	16.00	16.00	16.00	50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	11	12	13	14	15	11	12	13	14	15	
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	15.30	12.80	20.00	20.00	20.00	19.10	40.00	25.50	01
02 INITIAL COMP OFFICE VISIT	19.00	35.00	15.30	19.10	25.00	31.90	31.90	25.00	25.00	31.90	02
03 MINIMAL OFFICE VISIT	5.00	4.00	3.00	2.60	3.00	2.60	3.00	3.00	5.00	5.10	03
04 ROUTINE BRIEF OFFICE VISIT	6.40	7.70	6.40	7.70	10.00	8.90	10.00	7.70	8.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	12.00	12.80	10.00	12.80	19.10	12.00	15.00	12.00	12.80	19.10	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	19.10	25.00	25.50	30.00	25.50	25.50	25.00	25.00	38.30	06
07 INITIAL COMP HOSPITAL VISIT	6.00	20.40	34.50	50.00	31.90	55.00	38.30	44.40	40.80	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.00	7.70	10.00	7.70	12.00	10.00	10.20	10.00	10.00	12.80	08
09 BIOPSY SKIN	15.00	15.00	15.00	15.00	15.00	60.00	60.00	60.00	60.00	60.00	09
10 RADICAL MASTECTOMY	595.00	595.00	595.00	595.00	595.00	408.00	500.00	500.00	500.00	500.00	10
11 REDUCTION OF FRACTURE	850.00	850.00	850.00	850.00	850.00	500.00	893.20	850.00	850.00	765.60	11
12 ARTHOTOMY	5.00	10.00	12.00	9.00	15.00	12.80	10.00	12.00	12.00	10.00	12
13 NEEDLE PUNCTURE OF BURSA	10.00	6.00	10.00	9.00	25.00	10.00	10.00	10.00	10.00	20.00	13
14 BRONCHOSCOPY	150.00	150.00	150.00	150.00	150.00	95.70	150.00	150.00	125.00	175.00	14
15 THORACENTESIS	35.00	25.00	25.00	35.00	35.00	45.00	44.70	25.00	35.00	50.00	15
16 CATHETERIZATION	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	18.70	16
17 INSERTION OF PACEMAKER	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	17
18 BLOOD TRANSFUSION	9.60*	12.00*	13.20*	11.60*	15.40*	15.80*	15.80*	15.60*	15.00*	22.40*	18
19 COLECTOMY	720.00	720.00	720.00	720.00	720.00	500.00	400.00	675.00	675.00	750.00	19
20 APPENDECTOMY	192.00*	240.00*	264.00*	232.00*	308.00*	316.00*	312.00*	312.00*	300.00*	448.00*	20
21 SIGMOIDOSCOPY	25.00	20.00	25.00	20.00	25.00	25.00	25.00	25.00	25.50	35.00	21
22 HEMORRHOIDECTOMY	300.00	300.00	300.00	300.00	300.00	200.00	200.00	200.00	200.00	200.00	22
23 CHOLECYSTECTOMY	425.00	350.00	425.00	425.00	425.00	500.00	450.00	400.00	450.00	600.00	23
24 REPAIR HERNIA	250.00	250.00	250.00	250.00	250.00	275.00	275.00	300.00	240.00	325.00	24
25 CYSTOSCOPY	45.00	45.00	45.00	45.00	45.00	43.00	44.70	45.00	45.00	50.00	25
26 DILATION OF URETHRA	20.00	30.00	20.00	20.00	20.00	5.70	19.10	12.00	7.70	10.00	26
27 PROSTATECTOMY	640.00	640.00	640.00	640.00	640.00	638.00	550.00	640.00	600.00	664.00	27
28 ELECTROSECTION OF PROSTATE	640.00	640.00	640.00	640.00	640.00	574.20	550.00	640.00	535.90	638.00	28
29 HYSTERECTOMY	600.00	600.00	600.00	600.00	600.00	550.00	450.00	550.00	550.00	550.00	29
30 EXTRACTION OF LENS	600.00	600.00	600.00	600.00	600.00	550.00	550.00	574.20	510.40	700.00	30
31 X-RAY CHEST	12.80	17.00	12.80	19.10	18.00	20.00	20.00	20.00	20.00	19.10	31
32 X-RAY SPINE	17.50	27.00	20.00	15.00	25.50	30.00	30.00	30.00	30.00	30.00	32
33 X-RAY HIP	25.00	25.00	25.00	25.00	25.00	30.00	20.00	30.00	30.00	30.00	33
34 X-RAY STOMACH	46.00	46.00	46.00	44.70	38.30	45.00	35.00	45.00	45.00	38.30	34
35 X-RAY COLON	39.00	39.00	39.00	39.00	38.30	42.00	38.30	42.00	42.00	38.30	35
36 COSALT	15.00	15.00	15.00	15.00	15.00	11.00	10.00	11.00	11.00	15.30	36
37 RADIOTHERAPY	20.00	20.00	20.00	20.00	20.00	14.00	8.00	14.00	14.00	12.50	37
38 HEMOGLOBIN	3.00	3.00	2.00	2.00	3.00	4.00	3.00	3.00	1.00	3.00	38
39 WHITE CELL COUNT	4.00	4.00	2.00	2.00	3.50	5.00	4.00	4.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	6.00	7.00	7.00	10.00	8.00	7.00	9.00	5.00	9.50	10.00	40
41 CHOLESTERAL BLOOD COUNT	5.00	6.00	5.00	6.00	7.00	8.00	5.00	5.00	10.00	5.50	41
42 HEMATOCRIT	2.50	3.00	3.00	2.00	4.00	2.00	3.00	4.00	6.50	3.00	42
43 PROTHROMBIN	5.00	4.50	5.00	5.00	5.00	5.00	4.00	4.00	6.00	5.00	43
44 SEDIMENTATION RATE	5.00	3.00	5.00	5.00	5.00	5.00	4.00	4.00	4.90	4.00	44
45 BLOOD SUGAR	5.00	6.00	5.00	6.00	6.00	6.00	6.00	5.00	7.00	6.00	45
46 BUN UREA NITRATE	6.00	6.00	5.00	6.00	6.00	7.00	6.00	5.00	6.00	5.00	46
47 PAP TEST	10.00	8.00	10.00	10.00	10.00	10.00	6.00	7.00	12.00	10.00	47
48 URINALYSIS	4.00	3.00	4.00	5.00	5.00	4.00	5.00	7.00	5.00	7.00	48
49 ELECTROCARDIOGRAM	15.00	19.10	15.00	19.10	15.00	15.00	19.10	20.00	15.00	16.00	49
50 ELECTROENCEPHALOGRAM	15.00	15.00	15.00	15.00	15.00	16.00	16.00	16.00	16.00	15.00	50

INDIANA

## INDIANA



Three Localities:

01 - Metropolitan

02 - Urban

03 - Rural

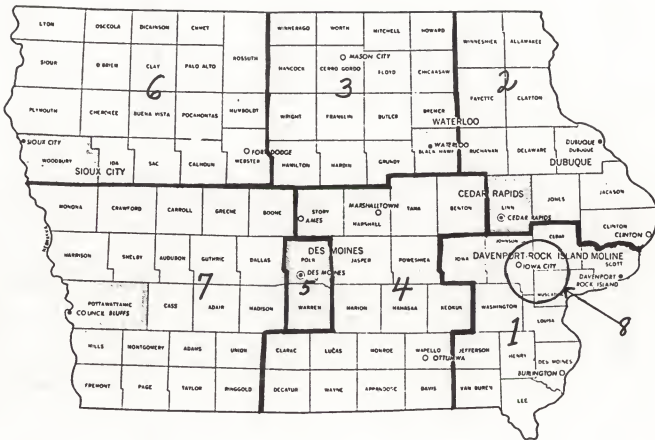
(For more locality information  
see Appendix A)

## 1977 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE

## INDIANA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
01 INITIAL LIMITED OFFICE VISIT	25.00	15.00	10.00	35.00	20.00	60.00	01
02 INITIAL COMP OFFICE VISIT	30.00	25.00	25.00	45.00	35.00	30.00	02
03 MINIMAL OFFICE VISIT	10.00	9.00	8.00	12.00	10.00	10.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	9.00	8.00	12.00	10.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	14.00	14.00	20.00	15.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	35.00	25.00	25.00	50.00	40.00	35.00	06
07 INITIAL COMP HOSPITAL VISIT	35.00	25.00	25.00	50.00	40.00	35.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	8.00	12.00	10.00	10.00	08
09 BIOPSY SKIN	25.00						09
10 RADICAL MASTECTOMY				540.00			10
11 REDUCTION OF FRACTURE				585.00	630.00		11
12 ARTHOTOMY	25.00	15.00	20.00	20.00	24.00		12
13 NEEDLE PUNCTURE OF BURSA							13
14 BRONCHOSCOPY				150.00	125.00		14
15 THORACENTESIS		40.00	25.00	35.00	25.00	25.00	15
16 CATHETERIZATION							16
17 INSERTION OF PACEMAKER							17
18 BLOOD TRANSFUSION	15.00	15.00	10.00		20.00	10.00	18
19 COLECTOMY				630.00	552.00	500.00	19
20 APPENDECTOMY				285.00	285.00		20
21 SIGMOIDOSCOPY	25.00	25.00	25.00	35.00	30.00	25.00	21
22 HEMORRHOIDECTOMY							22
23 CHOLECYSTECTOMY				464.00	450.00	400.00	23
24 REPAIR HERNIA				300.00	275.00	275.00	24
25 CYSTOSCOPY				40.00	43.60		25
26 DILATION OF URETHRA	15.00	15.00	10.00	12.00	10.00		26
27 PROSTATECTOMY				640.00	560.00		27
28 ELECTROSECTION OF PROSTATE				640.00	560.00		28
29 HYSTERECTOMY				651.00			29
30 EXTRACTION OF LENS				580.00	550.00	500.00	30
31 X-RAY CHEST	17.00	15.00	15.00		9.50	11.00	31
32 X-RAY SPINE	25.00	20.00		26.00	23.00		32
33 X-RAY HIP	22.00		15.00		10.00		33
34 X-RAY STOMACH	44.00			26.00	24.00		34
35 X-RAY COLON	40.00			22.00	24.00		35
36 COBALT				10.00	10.50		36
37 RADIOTHERAPY				12.00	17.00		37
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00		38
39 WHITE CELL COUNT	3.00	3.00	5.00	3.00	3.00		39
40 COMPLETE BLOOD COUNT	7.00	6.00	6.00	7.00	8.00		40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	6.00	6.00	5.50		41
42 HEMATOCRIT	3.00	4.00	3.00	2.00	3.00		42
43 PROTHROMBIN	5.00	5.00	5.00	6.50	5.00		43
44 SEDIMENTATION RATE	5.00	4.00	5.00	4.00	3.50		44
45 BLOOD SUGAR	5.00	5.00	5.00	6.00	5.00		45
46 BUN UREA NITRATE	7.00	6.00	5.00	7.00	5.00		46
47 PAP TEST	15.00	10.00	10.00	10.00			47
48 URINALYSIS	3.00	3.00	3.00	3.00	4.50	4.00	48
49 ELECTROCARDIOGRAM	20.00	18.00	18.00	20.00	18.00	20.00	49
50 ELECTROENCEPHALGRAM				40.00	40.00		50

## IOWA



Eight Localities:

- 01 - Lee, Van Buren, Des Moines, Henry, Jefferson, Louisa, Washington, Muscatine, Johnson (excluding Iowa City), Iowa, Edgar & Scott Counties
- 02 - Clinton, Jackson, Jones, Linn, Buchanan, Delaware, Dubuque, Clayton, Fayette, Alanakae & Winneshiek Counties
- 03 - Black Hawk, Grundy, Hardin, Hamilton, Wright, Cerro Gordo, Floyd, Chickasaw, Howard, Mitchell, Worth, Winnebago, Hancock, Franklin, Butler & Brenner
- 04 - Denton, Tama, Marshall, Story, Casper, Paweshiek, Keokuk, Mahaska, Marion, Wapello, Monroe, Lucas, Clarke, Davis Anamossee. Decatur Counties

- 05 - Polk & Warren Counties

- 06 - Kossuth, Humboldt, Webster, Calhoun, Pocahontas, Palo Alto,  
Emmet, Dickinson, Bueno Vista, Clay, Sac, Ida, Woodbury,  
Cherokee, Plymouth, O'Brien, Souix, Lyon & Osceola Counties

- 07 - Monora, Crawford, Carroll, Greene, Boone, Harrison, Shelby, Audubon, Guthrie, Dallas, Madison, Adair, Cass, Pottawattamie, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, & Ringold Counties

- 08 - Iowa City ( Includes the University of Iowa hospital.  
The city limits are the boundaries of the locality.)  
Note: Specialists only



## 1977 PREVAILING CHARGE SUMMARY DATA 8/S OF IOWA

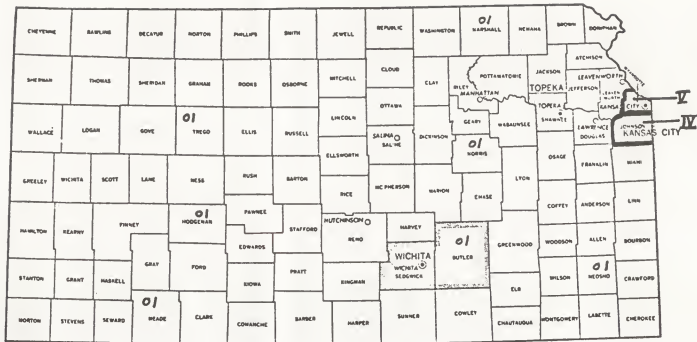
IOWA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	01	02	03	04	05	01	02	03	04	05	
01 INITIAL LIMITED OFFICE VISIT	18.00	19.00	19.10	18.00	20.00	25.00	35.00	25.50	31.90	33.20	01
02 INITIAL COMP OFFICE VISIT	25.50	25.00	19.10	25.00	25.00	31.90	35.00	25.00	50.00	35.00	02
03 MINIMAL OFFICE VISIT	8.00	7.00	8.00	7.50	8.50	8.00	9.00	10.00	8.00	10.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.00	7.70	8.00	7.50	8.50	8.00	9.00	10.00	8.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	12.00	12.50	11.50	12.00	12.80	10.00	12.80	19.10	12.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	25.50	25.00	24.20	25.00	35.00	40.00	38.30	31.90	40.00	06
07 INITIAL COMP HOSPITAL VISIT	19.10	25.50	25.00	24.20	25.00	35.00	40.00	38.30	31.90	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	7.70	7.70	8.90	8.90	8.90	9.00	10.20	10.00	10.00	08
09 BIOPSY SKIN	17.70	17.50	17.50	17.50	17.50	23.00	23.00	23.00	23.00	23.00	09
10 RADICAL MASTECTOMY	400.00*	400.00*	400.00*	400.00*	400.00*	446.60	465.00	500.00	457.00	500.00	10
11 RESECTION OF FRACTURE	480.00*	480.00*	480.00*	480.00*	480.00*	528.00*	480.00*	480.00*	480.00*	480.00*	11
12 ARTHOTMY	81.00	14.00	16.00	19.10	15.00	19.10	25.00		19.10	19.10	12
13 NEEDLE PUNCTURE OF BURSA	19.10	15.30	16.00	19.10	15.00	15.30	15.30	15.30	12.80	15.30	13
14 BRONCHOSCOPY	96.00*	96.00*	96.00*	96.00*	96.00*	127.60	127.60	108.50	95.70	150.00	14
15 THORACENTESIS	12.80	30.00	35.00	25.50	30.00	44.70	50.00	31.90	15.80	31.90	15
16 CATHETERIZATION	280.00*	280.00*	280.00*	280.00*	280.00*	280.00*	280.00*	280.00*	280.00*	280.00*	16
17 INSERTION OF PACEMAKER	480.00*	480.00*	480.00*	480.00*	480.00*	480.00*	480.00*	480.00*	480.00*	480.00*	17
18 BLOOD TRANSFUSION	12.80	12.80	19.10	12.80	15.00	15.00	12.80	15.00	14.00	15.00	18
19 COLECTOMY	720.00*	720.00*	720.00*	720.00*	720.00*	720.00*	765.00*	792.00*	720.00*	828.00*	19
20 APPENDECTOMY	225.00	229.70	223.30	240.00	250.00	255.20	275.00	255.00	250.00	266.70	20
21 SIGMOIDOSCOPY	25.00	25.00	19.10	19.10	25.00	27.50	25.50	19.10	19.10	30.00	21
22 HEMORRHOIDECTOMY	200.00*	200.00*	200.00*	200.00*	200.00*	200.00*	212.50*	220.00*	200.00*	230.00*	22
23 CHOLECYSTECTOMY	325.00	382.80	400.00	382.80	282.80	446.60	400.00	446.60	350.00	435.00	23
24 REPAIR HERNIA	200.00	236.10	229.70	191.40	223.30	255.20	250.00	255.20	225.00	255.20	24
25 CYSTOSCOPY	63.80		63.80	63.80	63.80	63.80	56.00	48.00	25.00	95.70	25
26 DILATION OF URETHRA	12.80	6.40	15.00	12.80	12.80	12.80	15.30	12.00	12.80	12.00	26
27 PROSTATECTOMY	480.00*	480.00*	480.00*	480.00*	480.00*	510.40	510.40	510.40	510.40	510.40	27
28 ELECTROSECTION OF PROSTATE	480.00*	480.00*	480.00*	480.00*	480.00*	510.40	500.00	574.20	510.40	510.40	28
29 HYSTERECTOMY	382.80	382.80	328.80	382.80	582.80	475.00	497.60	446.60	480.00	510.40	29
30 EXTRACTION OF LENS	480.00*	480.00*	480.00*	480.00*	480.00*	542.30	500.00	500.00	500.00	510.40	30
31 X-RAY CHEST	15.00	15.30	12.80	16.50	18.00	15.30	18.50	12.50	19.10	18.50	31
32 X-RAY SPINE	25.00	19.10	20.00	20.00	20.00	25.00	19.10	19.10	25.00	19.10	32
33 X-RAY HIP	15.00	15.00	15.00	16.50	12.80	19.10	19.10	8.90	19.10	12.80	33
34 X-RAY STOMACH	21.00*	24.00*	29.00*	21.30*	21.90*	19.10	25.00	10.20	19.10	19.10	34
35 X-RAY COLON	25.50	35.00	31.90	35.00	35.00	31.90	35.00	15.30	35.00	31.90	35
36 COBALT	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	36
37 RADIOTHERAPY	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	24.00*	37
38 HEMOGLOBIN	2.50	3.00	3.00	3.00	2.50	2.00	3.00	2.25	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.50	3.00	3.00	3.00	2.50	3.00	2.25	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	7.00	8.00	5.00	8.50	8.00	8.00	8.00	10.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	6.00	5.00	5.00	5.00	5.00	6.00	6.00	5.00	6.00	41
42 HEMATOCRIT	3.00	2.50	2.50	3.00	3.00	2.00	3.00	2.25	3.00	2.00	42
43 PROTHROMBIN	5.00	6.00	5.00	5.00	5.00	4.00	4.00	3.00	4.20	5.00	43
44 SEDIMENTATION RATE	3.00	3.00	5.00	3.00	4.00	2.00	3.00	5.00	3.00	2.00	44
45 BLOOD SUGAR	5.50	5.75	5.00	5.00	5.00	6.00	6.00	5.00	5.00	6.00	45
46 BUN UREA NITRATE	5.00	5.00	6.00	5.00	6.00	6.00	7.00	6.50	7.00	6.00	46
47 PAP TEST	12.00	9.00	8.00	8.00	7.50	10.00	5.00	6.00	10.00	7.50	47
48 URINALYSIS	3.00	3.00	3.00	3.00	4.00	3.00	3.00	4.00	4.00	3.00	48
49 ELECTROCARDIOGRAM	17.50	18.00	20.00	20.00	20.00	15.00	15.00	17.00	20.00	17.00	49
50 ELECTROENCEPHALOGRAM	29.50*	31.00*	30.00*	29.00	33.00*	35.00*	35.00*	35.00*	35.00*	35.00*	50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	06	07	08	06	07	08	
01 INITIAL LIMITED OFFICE VISIT	19.10	16.60		25.00	30.00	25.00	01
02 INITIAL COMP OFFICE VISIT	15.00	15.00		44.70	40.00	70.00	02
03 MINIMAL OFFICE VISIT	7.00	7.00		10.00	10.00	19.10	03
04 ROUTINE BRIEF OFFICE VISIT	7.00	7.00		10.00	10.00	19.10	04
05 ROUTINE BRIEF HOME VISIT	10.20	12.00		12.80	12.60	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	25.00		44.70	44.70	70.00	06
07 INITIAL COMP HOSPITAL VISIT	25.00	25.00		44.70	44.70	70.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.90	8.90		8.90	12.00	9.00	08
09 BIOPSY SKIN	17.50	17.50		23.00	23.00	23.00	09
10 RADICAL MASTECTOMY	400.00*	400.00*		475.00	475.00	475.00	10
11 REDUCTION OF FRACTURE	480.00*	480.00*		480.00*	480.00*	480.00	11
12 ARTHOTMY	18.00	16.00		19.10	19.10	19.10	12
13 NEEDLE PUNCTURE OF BURSA	19.10	12.60		15.30	15.30	15.30	13
14 BRONCHOSCOPY	96.00*	96.00*		95.70	127.60	127.60	14
15 THORACENTESIS	19.10	30.00		31.90	26.80	31.90	15
16 CATHETERIZATION	280.00*	280.00*		280.00*	280.00*	280.00	16
17 INSERTION OF PACEMAKER	480.00*	480.00*		480.00*	480.00*	480.00	17
18 BLOOD TRANSFUSION	12.80	15.00		15.00	12.80	15.00	18
19 COLECTOMY	720.00*	720.00*		792.00*	720.00*	720.00	19
20 APPENDECTOMY	225.00	200.00		285.00	257.00	255.20	20
21 SIGMOIDOSCOPY	19.10	25.50		25.00	30.00	31.90	21
22 HEMORRHOIDECTOMY	200.00*	200.00*		220.00*	200.00*	200.00	22
23 CHOLECYSTECTOMY	400.00	331.80		446.60	440.00	510.40	23
24 REPAIR HERNIA	250.00	200.00		270.00	260.00	270.00	24
25 CYSTOSCOPY	63.80	25.00		65.00	60.00	25.00	25
26 DILATION OF URETHRA	15.00	12.80		9.60	12.80	15.00	26
27 PROSTATECTOMY	480.00*	480.00*		510.40	510.40	510.40	27
28 ELECTROSECTION OF PROSTATE	480.00*	480.00*		560.00	560.00	550.00	28
29 HYSTERECTOMY	400.00	382.80		425.00	478.50	450.00	29
30 EXTRACTION OF LENS	480.00*	480.00*		500.00	446.60	750.00	30
31 X-RAY CHEST	15.00	15.00		12.00	16.60	18.50	31
32 X-RAY SPINE	22.00	20.00		25.00	25.00	25.00	32
33 X-RAY HIP	19.10	15.00		19.10	20.00	19.10	33
34 X-RAY STOMACH	24.00*	22.80*		19.10	19.10	19.10	34
35 X-RAY COLON	35.00	35.00		35.00	35.00	35.00	35
36 COBALT	24.00*	24.00*		24.00*	24.00*	24.00	36
37 RADIOTHERAPY	24.00*	24.00*		24.00*	24.00*	24.00	37
38 HEMOGLOBIN	3.00	3.00		3.00	3.20	3.00	38
39 WHITE CELL COUNT	3.00	3.00		3.00	2.50	3.00	39
40 COMPLETE BLOOD COUNT	7.00	6.00		8.00	9.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00		7.50	7.50	7.00	41
42 HEMATOCRIT	3.00	4.00		2.00	2.00	2.00	42
43 PROTHROMBIN	5.00	5.00		4.00	4.20	4.20	43
44 SEDIMENTATION RATE	3.50	4.00		3.00	5.25	3.00	44
45 BLOOD SUGAR	6.00	6.00		5.00	6.00	6.00	45
46 BUN UREA NITRATE	6.00	7.00		8.00	7.50	7.00	46
47 PAP TEST	10.00	12.00		10.00	10.50	10.50	47
48 URINALYSIS	3.00	3.00		3.00	5.00	3.50	48
49 ELECTROCARDIOGRAM	20.00	20.00		18.00	20.00	18.00	49
50 ELECTROENCEPHALOGRAM	32.00*	35.00*		35.00*	35.00*	35.00	50

KANSAS

# KANSAS



Three Localities:

Blue Shield of Kansas

01 - Blue Shield of Kansas Plan area (102 counties)

Blue Shield of Kansas City

IV - Johnson County (suburban)

V - Wyandotte County (metropolitan)

## 1977 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS

KANSAS

PROCEDURE DESCRIPTION	COMBINED	LOCALITY	DESIGNATION
			SINGLE
01 INITIAL LIMITED OFFICE VISIT			20.00 01
02 INITIAL COMP OFFICE VISIT			35.00 02
03 MINIMAL OFFICE VISIT			8.00 03
04 ROUTINE BRIEF OFFICE VISIT			4.50 04
05 ROUTINE BRIEF HOME VISIT			15.00 05
06 INITIAL BRIEF HOSPITAL VISIT			30.00 06
07 INITIAL COMP HOSPITAL VISIT			50.00 07
08 ROUTINE BRIEF HOSPITAL VISIT			9.60 08
09 BIOPSY SKIN			24.00 09
10 RADICAL MASTECTOMY			560.00 10
11 REDUCTION OF FRACTURE			600.00 11
12 ARTHOTMY			16.80 12
13 NEEDLE PUNCTURE OF BURSA			20.00 13
14 BRONCHOSCOPY			159.50 14
15 THORACENTESIS			31.90 15
16 CATHETERIZATION			210.00 16
17 INSERTION OF PACEMAKER			600.00 17
18 BLOOD TRANSFUSION			15.00 18
19 COLECTOMY			638.00 19
20 APPENDECTOMY			268.00 20
21 SIGMOIDOSCOPY			30.00 21
22 HEMORRHOIDECTOMY			229.70 22
23 CHOLECYSTECTOMY			450.00 23
24 REPAIR HERNIA			260.30 24
25 CYSTOSCOPY			63.80 25
26 DILATION OF URETHRA			20.00 26
27 PROSTATECTOMY			612.50 27
28 ELECTRORESECTION OF PROSTATE			550.00 28
29 HYSTERECTOMY			543.60 29
30 EXTRACTION OF LENS			510.40 30
31 X-RAY CHEST			16.00 31
32 X-RAY SPINE			25.00 32
33 X-RAY HIP			25.00 33
34 X-RAY STOMACH			48.00 34
35 X-RAY COLON			45.20 35
36 COBALT			14.00 36
37 RADIOTHERAPY			25.50 37
38 HEMOGLOBIN			4.00 38
39 WHITE CELL COUNT			5.00 39
40 COMPLETE BLOOD COUNT			9.00 40
41 CHOLESTERAL BLOOD COUNT			8.00 41
42 HEMATOCRIT			4.00 42
43 PROTHROMBIN			6.00 43
44 SEDIMENTATION RATE			4.50 44
45 BLOOD SUGAR			6.00 45
46 BUN UREA NITRATE			8.00 46
47 PAP TEST			10.00 47
48 URINALYSIS			5.00 48
49 ELECTROCARDIOGRAM			20.00 49
50 ELECTROENCEPHALOGRAPH			52.00 50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST		
	AREA 04	AREA 05	AREA 04	AREA 05	
01 INITIAL LIMITED OFFICE VISIT	25.00	25.00	35.00	40.00	01
02 INITIAL COMP OFFICE VISIT	25.00	25.00	35.00	40.00	02
03 MINIMAL OFFICE VISIT	5.00	5.00	15.00	6.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	10.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	15.00	20.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	35.00	45.00	50.00	06
07 INITIAL COMP HOSPITAL VISIT	35.00	35.00	50.00	45.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	10.00	12.00	15.00	08
09 BIOPSY SKIN	35.00	35.00	25.00	25.00	09
10 RADICAL MASTECTOMY	615.00	615.00	650.00	650.00	10
11 REDUCTION OF FRACTURE	530.00*	335.00*	590.00*	340.00*	11
12 ARTHOTMY	15.00	15.00	40.00	15.00	12
13 NEEDLE PUNCTURE OF BURSA	12.50	12.50	15.00	15.00	13
14 BRONCHOSCOPY	135.00	135.00	140.00	140.00	14
15 THORACENTESIS	25.00	25.00	50.00	50.00	15
16 CATHETERIZATION	175.00	175.00	175.00	175.00	16
17 INSERTION OF PACEMAKER	600.00	600.00	600.00	600.00	17
18 BLOOD TRANSFUSION	22.50*	20.00*	53.00*	43.50*	18
19 COLECTOMY	1166.00*	737.00*	1166.00*	957.00*	19
20 APPENDECTOMY	350.00	350.00	350.00	350.00	20
21 SIGMOIDOSCOPY	20.00	20.00	35.00	30.00	21
22 HEMORRHOIDECTOMY	285.00	285.00	300.00	300.00	22
23 CHOLECYSTECTOMY	500.00	500.00	500.00	500.00	23
24 REPAIR HERNIA	250.00	250.00	350.00	300.00	24
25 CYSTOSCOPY	65.00	65.00			25
26 OILATION OF URETHRA	23.00	23.00			26
27 PROSTATECTOMY	685.00	685.00			27
28 ELECTROSECTION OF PROSTATE	560.00	560.00			28
29 HYSTERECTOMY	575.00	575.00	575.00	575.00	29
30 EXTRACTION OF LENS	550.00	550.00			30
31 X-RAY CHEST	18.00	20.00	15.00	15.00	31
32 X-RAY SPINE	30.00	20.00	30.00	30.00	32
33 X-RAY HIP	15.00	17.00	22.00	22.00	33
34 X-RAY STOMACH	45.00	45.00	46.00	46.00	34
35 X-RAY COLON	40.00	40.00	39.75	39.75	35
36 COBAL T					36
37 RADIOTHERAPY					37
38 HEMOGLOBIN	5.00	3.00	3.00	5.00	38
39 WHITE CELL COUNT	4.00	3.00	5.00	4.00	39
40 COMPLETE BLOOD COUNT	10.00	8.00	8.00	16.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	6.00	8.00	6.00	41
42 HEMATOCRIT	3.00	3.00	4.00	3.50	42
43 PROTHROMBIN	6.00	5.50	3.00	10.00	43
44 SEDIMENTATION RATE	6.00	4.00	5.00	5.00	44
45 BLOOD SUGAR	6.00	5.00	6.00	6.75	45
46 BUN UREA NITRATE	8.00	5.00	6.00	6.75	46
47 PAP TEST	10.00	10.00	9.00	10.00	47
48 URINALYSIS	5.00	5.00	4.50	5.00	48
49 ELECTROCARDIOGRAM	17.50	15.00	15.00	20.00	49
50 ELECTROENCEPHALOGRAM	50.00	50.00	50.00	50.00	50

KENTUCKY



# KENTUCKY



## Three Localities:

I - Metropolitan- Lexington (Fayette County), Louisville ( including Anchorage, Crestwood, Jeffersonton, Lyndon, Middletown, Okalona, Pee Wee Valley, Pleasure Ridge Park, Shively, St. Matthews, Valley Station).

II -Urban- Ashland( including Grayson, Greenup, Westwood), Bardstown, Bellevue, Bowling Green, Catlettsburg, Covington (including Alexandria, Bromley, Burlington, Dayton, Elsmere Park, Ft. Mitchell, South Hills, Southgate, Walton, Woodlawn), Danville, Elizabethtown (including Lebanon Junction), Florence, Fort Thomas, Frankfort (including Midway), Georgetown, Glasgow, Harlan, Hazard (including Whitesburg), Henderson, Hopkinsville (including Elkton, Fairview), Lancaster, Lawrenceburg, Louisa, Madisonville, Mayfield, Middlesboro, Morehead, Morganfield, Mount Sterling, Murray, Newport, Nicholasville, Owensboro, Paducah (including West Paducah), Paris, Pikeville, Pineville, Prestonsburg, Richmond, Shelbyville, Stanford, Versailles, Vine Grove, Winchester( including Carlisle, Stanton).

III -Rural- All other areas of the State.

## 1977 PREVAILING CHARGE SUMMARY DATA METROPOLITAN LIFE INSURANCE CO.

KENTUCKY

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	I	II	III	I	II	III	
01 INITIAL LIMITED OFFICE VISIT	12.80	12.00	12.80	19.10	15.00	12.80	01
02 INITIAL COMP OFFICE VISIT	25.00	30.00	31.90	44.70	38.30	25.00	02
03 MINIMAL OFFICE VISIT	5.00	5.00	5.10	6.40	7.70	5.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	7.70	6.40	10.20	7.70	7.70	04
05 ROUTINE BRIEF HOME VISIT	15.00	12.80	10.00	15.00	15.00	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	25.50	19.10	19.10	31.90	19.10	19.10	06
07 INITIAL COMP HOSPITAL VISIT	40.00	37.00	35.00	50.00	44.70	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	9.00	7.70	12.00	10.00	8.90	08
09 BIOPSY SKIN	19.10	19.10	20.00	30.00	25.00	25.00	09
10 RADICAL MASTECTOMY	446.60	446.60	507.50	600.00	540.00	510.40	10
11 REDUCTION OF FRACTURE	510.40	510.40	510.40	701.80	574.20	510.40	11
12 ARTHOTMY	15.30	12.80	12.00	15.00	15.00	19.10	12
13 NEEDLE PUNCTURE OF BURSA	13.00	15.00	10.00	15.00	15.00	15.00	13
14 BRONCHOSCOPY	95.70	95.70	95.70	127.80	145.00	100.00	14
15 THORACENTESIS	19.10	19.10	25.00	40.00	50.00	31.90	15
16 CATHETERIZATION	223.30	210.00	253.80	223.00	210.00	268.00	16
17 INSERTION OF PACEMAKER	638.00	638.00	725.00	638.00	750.00	765.60	17
18 BLOOD TRANSFUSION	17.50	15.50	14.50	17.50	28.00	16.00	18
19 COLECTOMY	510.40	510.40	580.00	638.00	600.00	638.00	19
20 APPENDECTOMY	255.20	255.20	290.00	319.00	319.00	319.00	20
21 SIGMOIDOSCOPY	15.00	19.10	25.00	20.00	25.00	25.00	21
22 HEMORRHOIDECTOMY	191.40	191.40	200.00	265.00	265.00	200.00	22
23 CHOLECYSTECTOMY	382.80	382.50	420.00	478.50	446.60	420.00	23
24 REPAIR HERNIA	223.30	223.30	253.80	310.00	300.00	255.20	24
25 CYSTOSCOPY	31.90	31.90	31.90	31.90	35.00	31.90	25
26 DILATION OF URETHRA	10.00	10.00	10.00	10.00	10.00	10.00	26
27 PROSTATECTOMY	500.00	420.00	580.00	500.00	420.00	612.50	27
28 ELECTROSECTION OF PROSTATE	490.00	510.40	510.40	516.80	510.40	510.40	28
29 HYSTERECTOMY	446.60	446.60	446.60	550.00	542.30	446.60	29
30 EXTRACTION OF LENS	500.00	500.00	375.00	500.00	500.00	375.00	30
31 X-RAY CHEST	15.00	15.00	12.50	15.00	12.80	12.80	31
32 X-RAY SPINE	20.00	19.10	20.00	25.00	22.00	24.20	32
33 X-RAY HIP	20.00	19.00	20.00	20.00	19.00	20.00	33
34 X-RAY STOMACH	35.00	36.00	31.90	40.20	40.20	38.30	34
35 X-RAY COLON	31.90	31.90	31.30	31.90	33.60	38.30	35
36 COLIT	15.00	10.00	18.30	20.00	19.10	18.30	36
37 RADIOTHERAPY	24.00	10.00	24.20	27.00	24.20	24.20	37
38 HEMOGLOBIN	3.00	2.50	2.50	3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	3.00	4.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	6.00	6.50	7.00	7.50	7.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	7.00	6.50	6.50	6.00	41
42 HEMATOCRIT	3.00	2.00	3.00	2.50	3.00	3.00	42
43 PROTHROMBIN	5.00	5.00	5.00	5.00	5.00	6.00	43
44 SEDIMENTATION RATE	6.00	3.50	4.00	5.00	5.00	4.00	44
45 BLOOD SUGAR	6.00	6.00	6.00	6.00	6.00	6.00	45
46 BUN UREA NITRATE	6.00	5.00	6.00	6.00	6.00	7.00	46
47 PAP TEST	10.00	10.00	10.00	8.00	8.50	10.00	47
48 URINALYSIS	4.00	3.00	3.00	4.00	4.00	3.00	48
49 ELECTROCARDIOGRAM	15.00	18.50	16.00	16.50	19.00	18.00	49
50 ELECTROENCEPHALOGRAM	35.00	40.00	47.00	35.00	40.00	52.50	50

## 01 - Orleans Parish, Jefferson, St. Bernard, Plaquemines Parishes

03 - East Baton Rouge, West Baton Rouge Parishes

05 - Ouachita Parish

06 - Lafayette, Iberia, St. Martin Parishes

07 - Rapides Parish

50 - All other Parishes

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	01	02	03	04	05	01	02	03	04	05	
01 INITIAL LIMITED OFFICE VISIT											01
02 INITIAL COMP OFFICE VISIT	20.00	16.00	19.10	7.00	17.00	30.00	35.00	31.90	30.00	20.00	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	8.90	7.70	8.00	7.00	6.40	10.00	10.00	10.00	10.20	10.20	04
05 ROUTINE BRIEF HOME VISIT	15.30	15.00	10.00	12.80	10.20	19.10	24.90	15.00	12.80	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT											06
07 INITIAL COMP HOSPITAL VISIT											07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	10.00	10.00	12.50	13.10	15.00	15.00	12.80	15.00	12.80	08
09 BIOPSY SKIN	20.00	20.00	20.00	20.00	20.00	25.00	25.00	25.00	25.00	25.00	09
10 RADICAL MASTECTOMY	638.00	638.00	638.00	638.00	638.00	600.00	600.00	638.00	600.00	600.00	10
11 REDUCTION OF FRACTURE	638.00	638.00	638.00	638.00	638.00	701.80	600.00	600.00	638.00	550.00	11
12 ARTHOTMY	8.00	15.00	12.00	10.00	10.00	10.00	15.00	12.80	15.00	12.80	12
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	15.00	15.00	15.00	10.00	10.00	15.00	10.00	10.00	13
14 BRONCHOSCOPY	175.00	175.00	175.00	175.00	175.00	150.00	150.00	150.00	150.00	150.00	14
15 THORACENTESIS	35.00	35.00	35.00	35.00	35.00	50.00	50.00	50.00	50.00	50.00	15
16 CATHETERIZATION	319.00	319.00	319.00	319.00	319.00	319.00	319.00	319.00	319.00	319.00	16
17 INSERTION OF PACEMAKER	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	17
18 BLOOD TRANSFUSION	10.00	10.00	10.00	10.00	10.00	14.80	10.00	10.00	10.00	10.00	18
19 COLECTOMY	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	19
20 APPENDECTOMY	286.00	286.00	286.00	286.00	286.00	286.00	286.00	286.00	286.00	286.00	20
21 SIGMOIDOSCOPY	31.90	25.00	20.00	30.00	25.00	30.00	25.00	20.00	31.90	25.00	21
22 HEMORRHOIDECTOMY	319.00	319.00	319.00	319.00	319.00	350.00	350.00	350.00	350.00	350.00	22
23 CHOLECYSTECTOMY	40.00	450.00	450.00	450.00	450.00	630.00	500.00	425.00	400.00	450.00	23
24 REPAIR HERNIA		285.00	285.00	285.00	285.00	350.00	300.00	305.00	300.00	300.00	24
25 CYSTOSCOPY		40.00	40.00	40.00	40.00	45.00	31.90	42.50	10.00	38.00	25
26 DILATION OF URETHRA	14.00	14.00	14.00	14.00	14.00	10.00	15.00	4.00	10.00	10.00	26
27 PROSTATECTOMY	638.00	638.00	638.00	638.00	638.00	660.00	600.00	600.00	600.00	600.00	27
28 ELECTROSECTION OF PROSTATE	560.00	560.00	560.00	560.00	560.00	600.00	530.00	485.00	550.00	550.00	28
29 HYSTERECTOMY	540.00	540.00	540.00	540.00	540.00	525.00	540.00	525.00	525.00	525.00	29
30 EXTRACTION OF LENS	600.00	600.00	600.00	600.00	900.00	600.00	600.00	600.00	510.00	510.00	30
31 X-RAY CHEST	19.00	15.00	17.50	16.00	15.00	18.50	19.00	19.10	17.00	19.10	31
32 X-RAY SPINE	44.70	44.70	44.70	44.70	44.70	44.70	44.70	44.70	44.70	44.70	32
33 X-RAY HIP	20.00	20.00	20.00	20.00	20.00	20.40	22.00	22.00	22.00	22.00	33
34 X-RAY STOMACH	44.70	44.70	44.70	44.70	44.70	47.50	45.50	45.00	45.50	45.50	34
35 X-RAY COLON	44.70	44.70	44.70	44.70	44.70	45.50	45.00	45.00	45.00	45.00	35
36 COBALT	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	36
37 RADIOTHERAPY	25.00	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	37
38 HEMOGLOBIN	4.00	3.00	5.00	5.00	5.00	2.80	3.00	3.00	3.00	3.00	38
39 WHITE CELL COUNT	4.00	3.00	3.00	3.00	3.00	2.80	3.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	8.00	7.00	10.00	10.00	8.40	8.00	9.00	7.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	7.00	6.00	8.00	7.00	8.00	7.00	7.00	7.00	6.00	41
42 HEMATOCRIT	3.00	4.00	3.00	1.00	3.00	4.00	3.00	3.00	5.00	3.00	42
43 PROTHROMBIN	7.00	10.00	6.60	6.60	6.60	5.00	7.50	4.00	3.00	4.00	43
44 SEDIMENTATION RATE	6.00	6.00	6.00	6.00	6.00	5.00	7.00	3.00	5.00	5.00	44
45 BLOOD SUGAR	7.00	6.00	6.00	6.00	6.00	8.00	6.00	6.00	6.00	6.00	45
46 BUN UREA NITRATE	7.00	7.00	7.00	6.00	7.00	6.00	6.00	7.00	6.00	6.00	46
47 PAP TEST	10.00	12.50	10.00	10.00	5.00	8.00	10.00	4.00	10.00	10.00	47
48 URINALYSIS	4.00	5.00	3.00	5.10	5.00	5.00	5.00	4.00	5.00	4.00	48
49 ELECTROCARDIOGRAM	19.00	15.00	25.00	17.50	19.10	16.00	15.00	25.00	19.10	15.00	49
50 ELECTROENCEPHALOGRAM	51.00	51.00	51.00	51.00	51.00	50.00	50.00	50.00	51.00	51.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA

## PAN-AMERICAN LIFE INSURANCE CO.

## LOUISIANA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	06	07	50	06	07	50	
01 INITIAL LIMITED OFFICE VISIT							01
02 INITIAL COMP OFFICE VISIT	30.00	19.10	15.30	30.00	30.00	25.00	02
03 MINIMAL OFFICE VISIT							03
04 ROUTINE BRIEF OFFICE VISIT	6.00	8.00	6.40	9.00	10.20	10.00	04
05 ROUTINE BRIEF HOME VISIT	12.80	19.10	12.00	15.00	19.10	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT							06
07 INITIAL COMP HOSPITAL VISIT							07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	10.00	12.00	15.00	15.00	08
09 BIOPSY SKIN	20.00	20.00	15.00	25.00	25.00	25.00	09
10 RADICAL MASTECTOMY	638.00	638.00	638.00	600.00	600.00	600.00	10
11 REDUCTION OF FRACTURE	638.00	638.00	638.00	630.00	590.00	638.00	11
12 ARTHOTOMY	10.00	15.00	12.80	16.50	12.80	15.00	12
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	14.50	10.00	10.00	10.00	13
14 BRONCHOSCOPY	175.00	175.00	175.00	150.00	150.00	150.00	14
15 THORACENTESIS	35.00	35.00	31.90	50.00	50.00	50.00	15
16 CATHETERIZATION	319.00	319.00	319.00	319.00	319.00	319.00	16
17 INSERTION OF PACEMAKER	750.00	10.00	750.00	750.00	750.00	750.00	17
18 BLOOD TRANSFUSION	10.00	10.00	10.00	10.00	10.00	10.00	18
19 COLECTOMY	750.00	750.00	750.00	750.00	750.00	750.00	19
20 APPENDECTOMY	286.00	286.00	286.00	286.00	286.00	286.00	20
21 SIGMOIDOSCOPY	25.00	25.00	25.50	25.00	25.00	31.90	21
22 HEMORRHOIDECTOMY	319.00	319.00	319.00	350.00	350.00	350.00	22
23 CHOLECYSTECTOMY	450.00	450.00	450.00	400.00	500.00	446.00	23
24 REPAIR HERNIA	285.00	285.00	285.00	319.00	300.00	300.00	24
25 CYSTOSCOPY	40.00	40.00	40.00	40.00	44.70	45.00	25
26 DILATION OF URETHRA	14.00	14.00	10.00	10.00	10.00	7.00	26
27 PROSTATECTOMY	638.00	638.00	638.00	600.00	600.00	600.00	27
28 ELECTROSECTION OF PROSTATE	560.00	560.00	560.00	480.00	550.00	574.20	28
29 HYSTERECTOMY	540.00	540.00	540.00	540.00	540.00	540.00	29
30 EXTRACTION OF LENS	600.00	600.00	600.00	500.00	500.00	600.00	30
31 X-RAY CHEST	15.00	15.00	15.30	19.10	19.10	10.00	31
32 X-RAY SPINE	44.70	44.70	44.70	44.70	44.70	44.70	32
33 X-RAY HIP	20.00	20.00	20.00	22.00	22.00	22.00	33
34 X-RAY STOMACH	44.70	44.70	40.00	45.50	45.50	25.00	34
35 X-RAY COLON	44.70	44.70	44.70	45.00	45.00	25.00	35
36 COBALT	23.00	23.00	23.00	23.00	23.00	23.00	36
37 RADIOTHERAPY	25.00	25.00	25.00	31.90	31.90	31.90	37
38 HEMOGLOBIN	5.00	4.00	3.00	3.00	2.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	8.00	8.00	6.50	7.50	8.00	40
41 CHOLESTERAL BLOOD COUNT	5.00	7.00	7.00	7.00	7.00	10.00	41
42 HEMATOCRIT	3.00	5.00	3.00	4.00	3.00	3.00	42
43 PROTHROMBIN	6.00	5.00	6.00	3.50	4.00	5.00	43
44 SEDIMENTATION RATE	6.00	5.00	6.00	5.00	5.00	5.00	44
45 BLOOD SUGAR	7.00	7.00	6.60	6.00	6.00	7.00	45
46 BUN UREA NITRATE	5.00	5.00	7.00	6.00	6.00	6.00	46
47 PAP TEST	6.00	7.00	10.00	6.00	8.00	7.00	47
48 URINALYSIS	3.00	4.00	4.00	3.50	4.00	3.00	48
49 ELECTROCARDIOGRAM	17.00	15.00	19.10	15.00	15.00	15.00	49
50 ELECTROENCEPHALOGRAM	14.00	51.00	51.00	51.00	50.00	50.00	50

MAINE

# MAINE



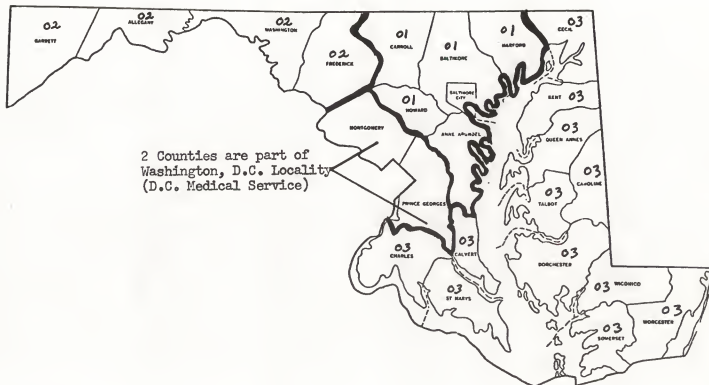
## Three Localities:

- 01 - Northern Maine - Arrostook, Piscataquis, Penobscot, Washington, Hancock, Waldo, Somerset and Franklin Counties
- 02 - Central Maine - Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, and Knox Counties
- 03 - Southern Maine - Cumberland and York Counties



PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	AREA 01	AREA 02	AREA 03	AREA 01	AREA 02	AREA 03
01 INITIAL LIMITED OFFICE VISIT	12.80	10.00	10.20	12.80	15.00	15.00
02 INITIAL COMP OFFICE VISIT	31.90	25.00	25.00	31.90	31.90	31.90
03 MINIMAL OFFICE VISIT	5.00	5.00	6.40	6.40	5.10	6.40
04 ROUTINE BRIEF OFFICE VISIT	7.70	8.00	8.90	10.00	10.00	10.00
05 ROUTINE BRIEF HOME VISIT	12.00	10.00	12.00	12.00	15.00	12.80
06 INITIAL BRIEF HOSPITAL VISIT	19.10	19.10	15.00	25.00	20.00	22.00
07 INITIAL COMP HOSPITAL VISIT	25.00	25.00	25.00	35.00	35.00	40.00
08 ROUTINE BRIEF HOSPITAL VISIT	7.00	8.00	10.00	10.00	10.00	10.00
09 BIOPSY SKIN	24.00	25.50	20.00	21.00	19.10	25.00
10 RADICAL MASTECTOMY	455.00*	497.00*	462.00*	525.00	430.00	525.00
11 REDUCTION OF FRACTURE	520.00*	568.00*	528.00*	574.20	574.20	574.20
12 ARTHOTMY	13.40	18.00	15.00	25.00	25.00	25.00
13 NEEDLE PUNCTURE OF BURSA	15.00	20.00	15.00	18.75	25.00	15.00
14 BRONCHOSCOPY	97.50*	106.50*	99.00*	112.50	95.70	114.80
15 THORACENTESIS	19.10	25.00	15.00	25.00	35.00	25.00
16 CATHETERIZATION	227.50*	248.50*	231.00*	180.00	180.00	180.00
17 INSERTION OF PACEMAKER	650.00*	710.00*	660.00*	660.00*	660.00*	660.00*
18 BLOOD TRANSFUSION	11.50	10.00	10.00	12.80	13.00	13.00
19 COLECTOMY	520.00*	568.00*	528.00*	560.00	540.00	600.00
20 APPENDECTOMY	260.00*	284.00*	264.00*	280.00	255.20	300.00
21 SIGMOIDOSCOPY	15.00	22.00	25.00	20.30	22.50	20.00
22 HEMORRHOIDECTOMY	195.00*	213.00*	198.00*	191.40	191.40	225.00
23 CHOLECYSTECTOMY	390.00*	426.00*	396.00*	420.00	427.50	450.00
24 REPAIR HERNIA	245.00	245.00	245.00	250.00	252.00	262.50
25 CYSTOSCOPY	32.50*	35.50*	33.00*	37.50	37.50	37.50
26 DILATION OF URETHRA	21.00	17.50	20.00	15.00	15.00	15.00
27 PROSTATECTOMY	520.00*	568.00*	528.00*	600.00	600.00	600.00
28 ELECTROSECTION OF PROSTATE	520.00*	568.00*	528.00*	600.00	600.00	600.00
29 HYSTERECTOMY	455.00*	497.00*	462.00*	600.00	600.00	600.00
30 EXTRACTION OF LENS	520.00*	568.00*	528.00*	500.00	500.00	500.00
31 X-RAY CHEST	15.00	14.00	14.00	5.00	5.00	5.00
32 X-RAY SPINE	21.30*	12.90*	21.00*	6.00	6.00	6.00
33 X-RAY HIP	17.75*	10.75*	17.50*	6.00	6.00	6.00
34 X-RAY STOMACH	42.60*	25.80*	42.00*	20.00	20.00	20.00
35 X-RAY COLON	14.20*	8.60*	14.00*	6.00	6.00	6.00
36 COBALT	28.40*	17.20*	28.00*	15.00	15.00	15.00
37 RADIOTHERAPY	35.50*	21.50*	35.00*	17.00	17.00	17.00
38 HEMOGLOBIN	2.00	2.00	2.00	2.00	3.00	2.50
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	4.00	1.00
40 COMPLETE BLOOD COUNT	8.00	9.00	5.00	10.00	7.00	6.00
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	5.00	7.00	5.00	5.00
42 HEMATOCRIT	2.00	3.00	3.00	2.00	3.00	2.00
43 PROTHROMBIN	6.00	6.00	5.00	5.00	3.00	3.00
44 SEDIMENTATION RATE	6.00	5.00	2.00	5.00	3.50	3.00
45 BLOOD SUGAR	6.00	5.00	5.00	6.00	5.00	5.00
46 BUN UREA NITRATE	6.00	6.50	6.00	7.00	5.00	5.00
47 PAP TEST	5.00	5.00	7.00	5.00	5.00	6.00
48 URINALYSIS	3.00	3.00	3.00	3.00	4.00	3.00
49 ELECTROCARDIOGRAM	25.00	19.00	18.00	16.00	17.00	17.00
50 ELECTROENCEPHALGRAM	43.40*	40.60*	39.20*	45.00	45.00	45.00

# MARYLAND



Three Localities: (Exclusive of Washington D.C. Locality.)

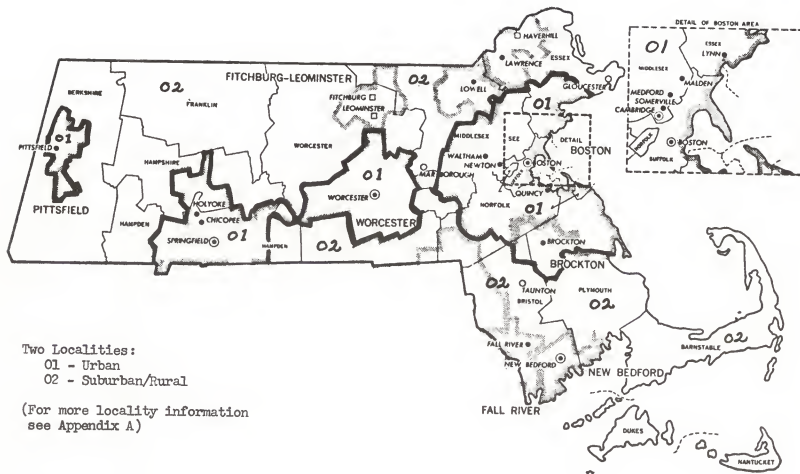
- 01 Baltimore City, Baltimore, Howard, Harford, Anne Arundel and Carroll Counties
- 02 Frederick, Washington, Allegany and Garrett Counties
- 03 Calvert, Charles, St. Mary's, Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset and Worcester Counties

## 1977 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MARYLAND

## MARYLAND

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	ZONE 1	ZONE 2	ZONE 3	ZONE 1	ZONE 2	ZONE 3	
01 INITIAL LIMITED OFFICE VISIT	8.90	9.00	8.90	12.00	10.20	10.20	01
02 INITIAL COMP OFFICE VISIT	31.90	35.00	6.00	60.00	55.00	50.00	02
03 MINIMAL OFFICE VISIT	4.00	7.00	2.00	5.00	2.00	4.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	9.00	8.00	12.00	10.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.80	12.80	19.20	18.60	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	12.80	8.90	10.00	12.80	12.80	10.00	06
07 INITIAL COMP HOSPITAL VISIT	35.00	30.00	31.90	60.00	50.00	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	9.30	7.70	12.80	10.00	12.00	08
09 BIOPSY SKIN	30.00	30.00	30.00	30.00	35.00	20.00	09
10 RADICAL MASTECTOMY	600.00	600.00	600.00	600.00	600.00	500.00	10
11 REDUCTION OF FRACTURE	638.20	638.20	638.20	638.20	638.20	638.20	11
12 ARTHOTMY	15.00	7.00	20.00	28.00	20.00	25.50	12
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	19.20	30.00	25.00	20.00	13
14 BRONCHOSCOPY	127.60	127.60	127.60	127.60	105.00	127.60	14
15 THORACENTESIS	40.00	40.00	40.00	63.80	30.00	50.00	15
16 CATHETERIZATION	200.00	200.00	200.00	191.50	223.40	150.00	16
17 INSERTION OF PACEMAKER	500.00	500.00	500.00	600.00	400.00	400.00	17
18 BLOOD TRANSFUSION	25.00	25.00	25.00	28.10	28.10	28.10	18
19 COLECTOMY	658.20	658.20	658.20	638.20	575.00	638.20	19
20 APPENDECTOMY	325.00	325.00	325.00	319.10	250.00	325.00	20
21 SIGMOIDOSCOPY	30.00	30.00	25.00	35.00	27.00	25.50	21
22 HEMORRHOIDECTOMY	250.00	250.00	250.00	250.00	250.00	250.00	22
23 CHOLECYSTECTOMY	446.70	446.70	446.70	450.00	400.00	446.70	23
24 REPAIR HERNIA	319.10	319.10	319.10	319.10	255.30	275.70	24
25 CYSTOSCOPY	60.00	60.00	60.00	60.00	42.25	63.00	25
26 DILATION OF URETHRA	20.00	20.00	20.00	20.00	18.00	25.00	26
27 PROSTATECTOMY	702.00	702.00	702.00	702.00	702.00	702.00	27
28 ELECTROSECTION OF PROSTATE	638.20	638.20	638.20	638.20	450.00	638.20	28
29 HYSTERECTOMY	705.30	705.30	705.30	638.20	500.00	574.40	29
30 EXTRACTION OF LENS	564.20	564.20	564.20	638.20	475.00	510.60	30
31 X-RAY CHEST	15.30	15.30	18.00	19.20	6.00	17.00	31
32 X-RAY SPINE	25.00	25.00	25.00	31.90	30.00	30.00	32
33 X-RAY HIP	15.00	20.00	20.00	25.00	20.00	16.50	33
34 X-RAY STOMACH	45.00	45.00	45.00	55.00	25.00	23.00	34
35 X-RAY COLON	40.00	40.00	40.00	50.00	18.00	22.00	35
36 COBALT	15.00	15.00	15.00	20.00	10.00	15.00	36
37 RADIO THERAPY	30.00	30.00	30.00	30.00	30.00	30.00	37
38 HEMOGLOBIN	5.00	5.00	5.00	5.00	5.00	5.00	38
39 WHITE CELL COUNT	2.00	3.00	3.00	3.20	3.00	3.00	39
40 COMPLETE BLOOD COUNT	6.40	5.00	6.40	6.00	8.00	5.50	40
41 CHOLESTERAL BLOOD COUNT	5.00	5.00	6.00	5.00	5.00	6.00	41
42 HEMATOCRIT	3.00	2.00	3.00	3.00	3.00	3.00	42
43 PROTHROMBIN	5.00	5.00	5.00	5.00	3.00	3.00	43
44 SEDIMENTATION RATE	3.00	3.00	3.00	4.00	5.00	2.00	44
45 BLOOD SUGAR	5.00	5.00	5.00	5.00	5.00	5.00	45
46 BUN UREA NITRATE	5.00	4.00	5.00	5.00	7.00	5.00	46
47 PAP TEST	5.00	7.00	13.00	5.00	5.00	6.00	47
48 URINALYSIS	3.00	2.00	3.00	4.00	3.00	3.00	48
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	20.00	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH	60.00	60.00	60.00	63.80	63.80	55.00	50

# MASSACHUSETTS



Two Localities:

01 - Urban

02 - Suburban/Rural

(For more locality information  
see Appendix A)

## 1977 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS

## MASSACHUSETTS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST		
	URBAN	SUBURB	URBAN	SUBURB	
01 INITIAL LIMITED OFFICE VISIT					01
02 INITIAL COMP OFFICE VISIT		15.00	31.90	31.90	02
03 MINIMAL OFFICE VISIT	15.00	15.00	25.15	20.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	15.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	12.80	19.10	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT					06
07 INITIAL COMP HOSPITAL VISIT	19.10	20.00	31.90	31.90	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	15.00	12.80	08
09 BIOPSY SKIN	25.00	25.50	30.00	20.00	09
10 RADICAL MASTECTOMY			600.00	574.20	10
11 REDUCTION OF FRACTURE			750.00	640.00	11
12 ARTHOTOMY	25.00	20.00	25.00	25.00	12
13 NEEDLE PUNCTURE OF BURSA	25.00	20.00	25.00	30.00	13
14 BRONCHOSCOPY			127.60	159.50	14
15 THORACENTESIS	50.00	30.00	44.70	44.70	15
16 CATHETERIZATION			240.00	199.00	16
17 INSERTION OF PACEMAKER			850.00	720.00	17
18 BLOOD TRANSFUSION		20.00	30.00	11.00	18
19 COLECTOMY			650.00	600.00	19
20 APPENDECTOMY	275.00	223.30	319.00	319.00	20
21 SIGMOIDOSCOPY	31.90	25.00	30.00	30.00	21
22 HEMORRHOIDECTOMY	255.00	210.15	250.00	250.00	22
23 CHOLECYSTECTOMY	475.00	382.80	510.00	478.50	23
24 REPAIR HERNIA	250.00	223.80	300.00	287.10	24
25 CYSTOSCOPY			60.00	50.00	25
26 DILATION OF URETHRA	15.00	15.00	25.00	15.00	26
27 PROSTATECTOMY			701.80	574.20	27
28 ELECTROSECTION OF PROSTATE			638.00	510.40	28
29 HYSTERECTOMY	550.00	400.00	550.00	550.00	29
30 EXTRACTION OF LENS			638.00	600.00	30
31 X-RAY CHEST	19.10	19.10	19.10	18.00	31
32 X-RAY SPINE	15.00	15.00	25.00	25.00	32
33 X-RAY HIP	19.10	19.10	19.10	21.50	33
34 X-RAY STOMACH			50.00	48.50	34
35 X-RAY COLON			45.90	44.70	35
36 COBALT			25.00	23.00	36
37 RADIOTHERAPY			26.20	27.00	37
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.50	3.00	3.00	39
40 COMPLETE BLOOD COUNT	6.00	6.00	7.00	7.80	40
41 CHOLESTERAL BLOOD COUNT	5.00	5.00	6.00	6.00	41
42 HEMATOCRIT	3.00	3.00	3.00	3.00	42
43 PROTHROMBIN	6.00	6.00	6.00	5.00	43
44 SEDIMENTATION RATE	5.00	4.00	5.00	4.00	44
45 BLOOD SUGAR	5.00	5.00	5.00	5.00	45
46 BUN UREA NITRATE	5.00	5.00	5.00	5.00	46
47 PAP TEST	8.00	6.00	10.00	7.50	47
48 URINALYSIS	3.00	3.00	4.00	4.00	48
49 ELECTROCARDIOGRAM	20.00	25.00	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH			45.00	45.00	50

[illegible]

- 1 - Metropolitan-Macomb, Oakland,  
Washtenaw, Wayne
- 2 - Urban-Arenac, Bay, Calhoun, Emmett,  
Genesee, Gladwin, Grand Traverse  
Ingham, Iosco, Isabella,  
Jackson, Kalamazoo, Kent,  
Lapeer, Livingston, Mecosta,  
Midland, Monroe, Muskegon,  
Saginaw, St. Clair
- 3 - Rural-Rest of the State

- 1 - Metropolitan-Macomb, Oakland,  
Washtenaw, Wayne
- 2 - Urban-Arenac, Bay, Calhoun, Emmett,  
Genesee, Gladwin, Grand Traverse  
Ingham, Iosco, Isabella,  
Jackson, Kalamazoo, Kent,  
Lapeer, Livingston, Mecosta,  
Midland, Monroe, Muskegon,  
Saginaw, St. Clair
- 3 - Rural-Rest of the State



## 1977 PREVAILING CHARGE SUMMARY DATA

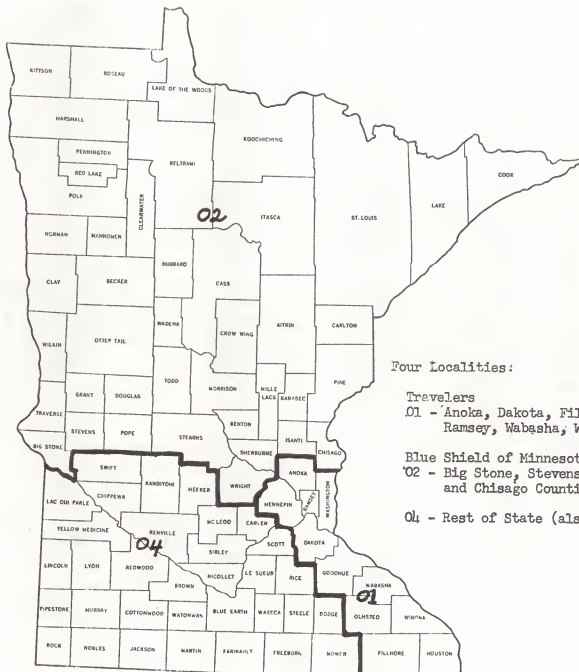
8/C-8/S OF MICHIGAN

MICHIGAN

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	1	2	3	1	2	3
01 INITIAL LIMITED OFFICE VISIT	16.60	15.00	10.00	25.00	25.00	20.00
02 INITIAL COMP OFFICE VISIT	30.00	25.00	15.00	48.00	40.00	30.00
03 MINIMAL OFFICE VISIT	10.00	8.90	7.70	12.80	10.20	8.90
04 ROUTINE BRIEF OFFICE VISIT	10.00	8.90	7.70	12.80	10.20	8.90
05 ROUTINE BRIEF HOME VISIT	19.10	12.80	12.80	19.10	15.00	12.80
06 INITIAL BRIEF HOSPITAL VISIT	31.90	31.90	31.90	50.00	50.00	42.00
07 INITIAL COMP HOSPITAL VISIT	31.90	31.90	31.90	50.00	50.00	42.00
08 ROUTINE BRIEF HOSPITAL VISIT	12.30	10.00	9.40	14.00	12.00	11.90
09 BIOPSY SKIN	40.00	25.50	30.00	30.00	30.00	25.50
10 RADICAL MASTECTOMY	638.00	500.00	510.40	638.00	500.00	510.40
11 REDUCTION OF FRACTURE						
12 ARTHOTMY	31.90	30.00	20.00	31.90	28.70	25.50
13 NEEDLE PUNCTURE OF BURSA	31.90	25.50	22.30	25.50	28.70	22.50
14 BRONCHOSCOPY	150.00	134.00	125.00	134.00	134.00	125.00
15 THORACENTESIS	31.90	35.00	30.00	38.30	31.90	25.00
16 CATHETERIZATION	40.00	400.00	350.00	400.00	400.00	350.00
17 INSERTION OF PACEMAKER	750.00	750.00	600.00	750.00	750.00	600.00
18 BLOOD TRANSFUSION	30.00	30.00	30.00	23.00	25.00	30.00
19 COLECTOMY	750.00	616.00	525.00	638.00	612.50	525.00
20 APPENDECTOMY	250.00	245.00	245.00	300.00	250.00	250.00
21 SIGMOIDOSCOPY	25.50	28.70	25.00	28.00	25.00	25.00
22 HEMORRHOIDECTOMY	300.00	250.00	225.00	300.00	250.00	225.00
23 CHOLECYSTECTOMY	500.00	400.00	375.00	500.00	420.00	400.00
24 REPAIR HERNIA	250.00	250.00	223.30	250.00	250.00	229.70
25 CYSTOSCOPY	50.00	75.00	50.00	75.00	60.00	65.00
26 DILATION OF URETHRA	19.10	22.30	15.00	19.10	19.10	19.00
27 PROSTATECTOMY	550.00	500.00	500.00	550.00	500.00	500.00
28 ELECTROSECTION OF PROSTATE	560.00	480.00	500.00	560.00	480.00	500.00
29 HYSTERECTOMY	650.00	500.00	500.00	650.00	500.00	487.50
30 EXTRACTION OF LENS	575.00	500.00	525.00	575.00	500.00	510.40
31 X-RAY CHEST	12.00	12.00	12.00	12.00	10.00	10.00
32 X-RAY SPINE	18.00	18.00	18.00	18.00	16.00	18.00
33 X-RAY HIP	17.00	17.00	17.00	17.00	17.00	15.00
34 X-RAY STOMACH	43.00	43.00	40.00	43.00	40.00	38.30
35 X-RAY COLON	43.00	35.00	40.00	43.00	43.00	40.00
36 COBALT	15.00	15.00	15.00	15.00	15.00	15.00
37 RADIO THERAPY	15.00	15.00	15.00	15.00	15.00	15.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	6.00	6.00	6.00	6.00	6.00	6.00
41 CHOLESTERAL BLOOD COUNT	5.00	5.00	5.00	5.00	5.00	5.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	3.00
43 PROTHROMBIN	5.00	5.00	5.00	5.00	5.00	5.00
44 SEDIMENTATION RATE	3.00	3.00	3.00	3.00	3.00	3.00
45 BLOOD SUGAR	4.00	4.00	4.00	4.00	4.00	4.00
46 BUN UREA NITRATE	4.00	4.00	4.00	4.00	4.00	4.00
47 PAP TEST	5.00	5.00	5.00	5.00	5.00	5.00
48 URINALYSIS	3.00	3.00	3.00	3.00	3.00	3.00
49 ELECTROCARDIOGRAM	19.10	19.10	19.10	19.10	19.10	19.10
50 ELECTROENCEPHALOGRAPH	35.00	45.00	35.00	44.70	44.70	35.00



# MINNESOTA



## Four Localities:

### Travelers

01 - Anoka, Dakota, Fillmore, Goodhue, Hennepin, Houston, Olmstead, Ramsey, Wabasha, Washington, and Winona Counties

### Blue Shield of Minnesota

02 - Big Stone, Stevens, Pope, Stearns, Wright, Sherburne, Isanti, and Chisago Counties and all points North.

04 - Rest of State (also excluding Travelers' localities)

## 1977 PREVAILING CHARGE SUMMARY DATA

## THE TRAVELERS INSURANCE COMPANY

## MINNESOTA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	AREA 1		AREA 1	
01 INITIAL LIMITED OFFICE VISIT	12.80		15.00	01
02 INITIAL COMP OFFICE VISIT	25.00		50.00	02
03 MINIMAL OFFICE VISIT	8.90		10.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.90		10.00	04
05 ROUTINE BRIEF HOME VISIT	15.00		19.10	05
06 INITIAL BRIEF HOSPITAL VISIT	23.00		31.90	06
07 INITIAL COMP HOSPITAL VISIT	35.00		50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.90		12.00	08
09 BIOPSY SKIN	25.00		25.00	09
10 RADICAL MASTECTOMY	600.00		574.20	10
11 REDUCTION OF FRACTURE	638.00		638.00	11
12 ARTHOTMY	12.50		15.00	12
13 NEEDLE PUNCTURE OF BURSA	12.50		15.00	13
14 BRONCHOSCOPY	127.60		153.10	14
15 THORACENTESIS	30.00		30.00	15
16 CATHETERIZATION	200.00		191.40	16
17 INSERTION OF PACEMAKER	638.00		638.00	17
18 BLOOD TRANSFUSION	10.60*		16.40*	18
19 COLECTOMY	700.00		700.00	19
20 APPENDECTOMY	319.00		319.00	20
21 SIGMOIDOSCOPY	20.00		25.50	21
22 HEMORRHOIDECTOMY	293.50		293.50	22
23 CHOLECYSTECTOMY	446.60		459.40	23
24 REPAIR HERNIA	255.20		319.00	24
25 CYSTOSCOPY	37.50		37.50	25
26 DILATION OF URETHRA	12.80		11.00	26
27 PROSTATECTOMY	680.00		612.50	27
28 ELECTROSECTION OF PROSTATE	620.00		574.20	28
29 HYSTERECTOMY	574.20		574.20	29
30 EXTRACTION OF LENS	550.00		550.00	30
31 X-RAY CHEST	14.00		13.50	31
32 X-RAY SPINE	25.00		24.00	32
33 X-RAY HIP	24.00		17.00	33
34 X-RAY STOMACH	40.60		38.30	34
35 X-RAY COLON	38.30		38.30	35
36 COBALT	18.00		20.00	36
37 RADIOTHERAPY	18.50		18.50	37
38 HEMOGLOBIN	3.00		3.50	38
39 WHITE CELL COUNT	4.00		4.00	39
40 COMPLETE BLOOD COUNT	12.00		12.00	40
41 CHOLESTERAL BLOOD COUNT	7.00		7.00	41
42 HEMATOCRIT	3.60		4.00	42
43 PROTHROMBIN	5.55		5.00	43
44 SEDIMENTATION RATE	5.00		4.00	44
45 BLOOD SUGAR	7.50		7.00	45
46 BUN UREA NITRATE	7.50		7.50	46
47 PAP TEST	10.00		10.00	47
48 URINALYSIS	4.00		5.00	48
49 ELECTROCARDIOGRAM	18.00		18.00	49
50 ELECTROENCEPHALOGRAPH	50.00		50.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA

B/C-B/S OF MINNESOTA

MINNESOTA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	04	02	04	02
01 INITIAL LIMITED OFFICE VISIT	9.00	10.00	10.00	10.00
02 INITIAL COMP OFFICE VISIT	25.00	30.00	49.50	38.30
03 MINIMAL OFFICE VISIT	5.50	6.00	6.00	5.40
04 ROUTINE BRIEF OFFICE VISIT	7.50	7.10	7.70	8.90
05 ROUTINE BRIEF HOME VISIT	10.00	10.00	15.00	10.00
06 INITIAL BRIEF HOSPITAL VISIT	25.00	19.10	30.00	21.00
07 INITIAL COMP HOSPITAL VISIT	40.00	36.00	49.50	45.00
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	7.10	8.90	8.90
09 BIOPSY SKIN	25.00	19.10	24.40	24.40
10 RADICAL MASTECTOMY	535.90	504.00	417.00	476.40
11 REDUCTION OF FRACTURE	612.50	612.50	612.50	627.20
12 ARTHOTOMY	15.00	15.00	12.80	12.80
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	15.00	15.00
14 BROCHOSCOPY	121.20	115.00	127.60	127.60
15 THORACENTESIS	25.00	25.00	21.00	21.00
16 CATHETERIZATION	340.00	340.00	340.00	340.00
17 INSERTION OF PACEMAKER	725.00	700.00	725.00	700.00
18 BLOOD TRANSFUSION	33.60*	36.00*	36.00*	36.00*
19 COLECTOMY	612.00	612.00	510.40	612.50
20 APPENDECTOMY	275.00	270.00	200.00	321.60
21 SIGMOIDOSCOPY	19.10	19.10	19.10	21.00
22 HEMORRHOIDECTOMY	229.70	240.00	229.70	229.70
23 CHOLECYSTECTOMY	375.00	459.40	446.60	450.00
24 REPAIR HERNIA	255.20	255.20	268.00	287.10
25 CYSTOSCOPY	40.20	40.20	40.30	38.30
26 DILATION OF URETHRA	15.00	18.00	11.60	16.50
27 PROSTATECTOMY	612.50	612.50	612.50	612.50
28 ELECTROSECTION OF PROSTATE	612.00	612.00	550.00	620.00
29 HYSTERECTOMY	562.70	560.00	510.40	510.40
30 EXTRACTION OF LENS	510.40	640.00	510.40	510.40
31 X-RAY CHEST	15.00	14.00	5.00	5.00
32 X-RAY SPINE	25.00	25.00	9.00	9.00
33 X-RAY HIP	20.00	23.00	8.70	8.70
34 X-RAY STOMACH	39.00	38.30	18.00	18.00
35 X-RAY COLON	35.00	35.00	18.00	18.00
36 COBALT	12.50	12.50	15.00	15.00
37 RADIOTHERAPY	18.90	20.00	12.00	12.00
38 HEMOGLOBIN	3.00	3.00	3.60	3.00
39 WHITE CELL COUNT	3.00	3.50	3.60	3.00
40 COMPLETE BLOOD COUNT	8.75	10.00	8.75	9.75
41 CHOLESTERAL BLOOD COUNT	7.00	6.50	6.00	6.00
42 HEMATOCRIT	3.00	3.00	3.50	4.00
43 PROTHROMBIN	7.00	5.00	5.00	4.50
44 SEDIMENTATION RATE	4.40	4.00	4.20	4.00
45 BLOOD SUGAR	6.50	6.00	6.00	6.00
46 BUN UREA NITRATE	6.00	6.00	5.00	7.00
47 PAP TEST	10.00	12.00	10.00	10.00
48 URINALYSIS	4.00	3.50	4.00	3.75
49 ELECTROCARDIOGRAM	18.00	19.10	17.00	17.00
50 ELECTROENCEPHALOGRAM	50.00	46.20	50.00	46.20

MISSISSIPPI

A map of Mississippi showing its 39 counties. Handwritten annotations include circled numbers and names in several counties:

- 01** in Leflore County
- 02** in Tipton County, with "TUPelo" and "SEC" written inside the circle.
- 01** in Madison County
- 02** in Jackson County, with "JACKSON" written inside the circle.
- 02** in Lauderdale County, with "LAUDERDALE" and "OWENHAR" written inside the circle.
- 01** in Hinds County
- 02** in Madison County, with "D. MATTHEWS" written inside the circle.
- 02** in Biloxi County, with "BILLOUT-GULFPORT" and "BILLOUT" written inside the circle.

Other counties labeled on the map include: ALCOON, BENTON, MARSHALL, TIPPACH, PRENTISS, TUNICA, TATE, PANOLA, LAFAYETTE, UNION, COAHOMA, QUITMAN, PONTOTOC, ITAMBA, YALOWUSHA, TALLAHATCHIE, GRENADA, CALHOUN, CHICKASAW, MONROE, HOLLYAR, SUNFLOWER, LEFLORE, CARROLL, WEBSTER, CLAY, COLUMBUS, GREENLEE, WASHINGTON, CHOCTAW, DEKALB, LOWMEDE, HUMPHREYS, HOLMES, ATTALA, WINSTON, NOBLES, SHARKEY, YAZOO, MADISON, LEAKE, WESSHOBA, KEMPER, SAADUKA, WARREN, WYCKSBURG, NINDS, BAYLIN, SCOTT, NEWTON, CLARKE, CLAYBORNE, COPIAH, SIMPSON, SMITH, JASPER, JEFFERSON, ADAMS, FRANKLIN, LINCOLN, LAWRENCE, JEFFERSON DAVIS, EOWINGTON, JONES, WAYNE, WILKINSON, AMITE, PIKE, WALSHALL, MARION, CLARK, PERRY, GREENE, PEARL RIVER, STONE, GEORGE, BILLOUT-GULFPORT, BILLOUT, ANDRE, PASADORA, and LUMBER.

(For more locality information  
see Appendix A)

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	AREA 1	AREA 2	AREA 1	AREA 2
01 INITIAL LIMITED OFFICE VISIT	10.00	10.00	12.00	01
02 INITIAL COMP OFFICE VISIT	12.80	25.00	35.00	02
03 MINIMAL OFFICE VISIT	4.00	4.00	6.00	03
04 ROUTINE BRIEF OFFICE VISIT	6.40	7.70	10.00	04
05 ROUTINE BRIEF HOME VISIT	12.00	15.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	25.00	31.90	06
07 INITIAL COMP HOSPITAL VISIT	19.10	25.00	31.90	07
08 ROUTINE BRIEF HOSPITAL VISIT	6.00	5.00	8.00	08
09 BIOPSY SKIN	15.00	15.00	19.10	09
10 RADICAL MASTECTOMY	535.90	535.90	517.10	10
11 REDUCTION OF FRACTURE	500.00	500.00	612.50	11
12 ARTHOTMY	10.00	10.00	12.80	12
13 NEEDLE PUNCTURE OF BURSA	10.00	10.00	12.80	13
14 BRONCHOSCOPY	114.80	114.80	141.00	14
15 THORACENTESIS	25.00	25.00	25.00	15
16 CATHETERIZATION	250.00	250.00	250.00	16
17 INSERTION OF PACEMAKER	638.00	638.00	638.00	17
18 BLOOD TRANSFUSION	25.00	15.00	12.80	18
19 COLECTOMY	564.20	564.20	564.20	19
20 APPENDECTOMY	310.40	310.40	331.60	20
21 SIGMOIDOSCOPY	20.00	25.00	25.00	21
22 HEMORRHOIDECTOMY	255.20	255.20	258.60	22
23 CHOLECYSTECTOMY	382.80	382.80	450.00	23
24 REPAIR HERNIA	200.00	210.00	300.00	24
25 CYSTOSCOPY	31.90	31.90	31.90	25
26 DILATION OF URETHRA	10.00	10.00	11.00	26
27 PROSTATECTOMY	400.00	400.00	510.40	27
28 ELECTROSECTION OF PROSTATE	510.40	510.40	510.40	28
29 HYSTERECTOMY	500.00	500.00	500.00	29
30 EXTRACTION OF LENS	500.00	500.00	510.40	30
31 X-RAY CHEST	12.80	15.00	13.00	31
32 X-RAY SPINE	25.00	20.00	18.00	32
33 X-RAY HIP	19.10	19.10	19.00	33
34 X-RAY STOMACH	30.00	30.00	38.30	34
35 X-RAY COLON	38.00	38.00	38.30	35
36 COBALT	25.00	25.00	25.00	36
37 RADIO THERAPY	15.00	15.00	25.00	37
38 HEMOGLOBIN	3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	6.00	7.00	10.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	6.00	41
42 HEMATOCRIT	3.00	3.00	3.00	42
43 PROTHROMBIN	5.00	6.00	6.00	43
44 SEDIMENTATION RATE	5.00	3.00	4.00	44
45 BLOOD SUGAR	6.00	6.00	6.00	45
46 BUN UREA NITRATE	6.00	6.00	5.00	46
47 PAP TEST	12.50	7.50	10.00	47
48 URINALYSIS	3.00	3.00	3.00	48
49 ELECTROCARDIOGRAM	15.00	18.50	17.50	49
50 ELECTROENCEPHALOGRAM	50.00	50.00	50.00	50

[illegible]

Seven Localities:

01, 02, 03 - General American Life

I, II, III, VI - Blue Shield of Kansas City - Missouri

(For more locality information see Appendix A)



## 1977 PREVAILING CHARGE SUMMARY DATA GENERAL AMERICAN LIFE INSURANCE

MISSOURI

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3	
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	8.00	24.00	25.00	10.00	01
02 INITIAL COMP OFFICE VISIT	20.00	20.00	20.00	51.10	35.00	50.00	02
03 MINIMAL OFFICE VISIT	3.00	3.00	2.90	4.00	3.80	2.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	8.00	6.40	11.50	10.00	8.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	12.80	12.00	18.00	13.90	14.70	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	27.40	25.00	33.50	30.00	25.00	06
07 INITIAL COMP HOSPITAL VISIT	25.00	35.00	35.00	60.00	40.00	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	8.20	12.00	10.20	10.00	08
09 BIOPSY SKIN	20.00	20.00	25.00	16.70	25.00	25.00	09
10 RADICAL MASTECTOMY	600.00	600.00	600.00	644.40	513.00	600.00	10
11 REDUCTION OF FRACTURE	600.00	600.00	501.40	635.00	618.30	700.00	11
12 ARTHOTMY	15.00	8.10	10.00	10.00	18.00	10.00	12
13 NEEDLE PUNCTURE OF BURSA	8.00	8.00	8.00	18.00	18.00	18.00	13
14 BRONCHOSCOPY	120.00	120.00	120.00	95.70	120.00	125.00	14
15 THORACENTESIS	31.90	31.90	25.00	35.00	35.00	35.00	15
16 CATHETERIZATION	275.00	275.00	275.00	250.00	250.00	250.00	16
17 INSERTION OF PACEMAKER	625.00	625.00	625.00	625.00	625.00	625.00	17
18 BLOOD TRANSFUSION	14.60*	14.60*	14.60*	15.60*	14.60*	14.60*	18
19 COLECTOMY	600.00	600.00	600.00	652.70	540.00	640.00	19
20 APPENDECTOMY	275.00	275.00	275.00	275.00	275.00	275.00	20
21 SIGMOIDOSCOPY	35.00	19.90	25.00	31.90	25.00	25.00	21
22 HEMORRHOIDECTOMY	260.00	260.00	260.00	255.30	192.50	300.00	22
23 CHOLECYSTECTOMY	500.00	400.00	110.00	480.00	444.10	430.00	23
24 REPAIR HERNIA	300.00	275.00	266.20	300.00	269.50	273.80	24
25 CYSTOSCOPY	35.00	35.00	35.00	35.00	36.00	35.00	25
26 DILATION OF URETHRA	10.00	10.00	10.00	15.00	12.80	15.00	26
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	490.00	600.00	27
28 ELECTROSECTION OF PROSTATE	550.00	550.00	550.00	550.00	510.60	550.00	28
29 HYSTERECTOMY	500.00	500.00	500.00	550.00	478.70	500.00	29
30 EXTRACTION OF LENS	650.00	650.00	650.00	649.20	500.00	550.00	30
31 X-RAY CHEST	15.00	15.00	14.90	20.00	12.50	20.00	31
32 X-RAY SPINE	20.00	19.25	20.00	30.40	22.00	27.50	32
33 X-RAY HIP	36.00	36.00	25.00	21.00	21.00	21.00	33
34 X-RAY STOMACH	38.00	38.30	35.00	55.90	35.00	49.00	34
35 X-RAY COLON	38.00	38.00	35.00	49.60	34.00	46.50	35
36 COBALT	25.00	25.00	25.00	25.00	10.00	20.00	36
37 RADIOTHERAPY	20.00	20.00	20.00	25.00	12.00	20.00	37
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	2.00	3.25	38
39 WHITE CELL COUNT	3.00	2.50	3.00	3.00	2.50	3.00	39
40 COMPLETE BLOOD COUNT	9.00	6.00	6.00	7.00	8.00	5.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	5.00	6.00	5.00	6.00	5.00	41
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	2.50	42
43 PROTHROMBIN	5.00	6.00	5.00	5.00	5.00	5.50	43
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00	2.00	5.00	44
45 BLOOD SUGAR	6.00	6.00	5.00	5.00	6.00	5.00	45
46 BUN UREA NITRATE	5.00	5.50	5.00	5.00	6.00	5.00	46
47 PAP TEST	15.00	11.00	10.00	7.00	10.00	10.00	47
48 URINALYSIS	3.00	3.00	3.00	4.00	4.00	3.00	48
49 ELECTROCARDIOGRAM	17.00	17.00	15.00	17.50	17.00	17.00	49
50 ELECTROENCEPHALGRAM	42.50	42.50	42.50	45.00	40.00	40.00	50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	AREA 01	AREA 02	AREA 03	AREA 06	AREA 01	AREA 02	AREA 03	AREA 06	
01 INITIAL LIMITED OFFICE VISIT	25.00	20.00	35.00	12.00	43.00	45.00	40.00	40.00	01
02 INITIAL COMP OFFICE VISIT	25.00	20.00	35.00	12.00	43.00	45.00	40.00	40.00	02
03 MINIMAL OFFICE VISIT	5.00	4.00	3.00	5.00	5.00	5.00	7.50	1.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.00	10.00	10.00	7.00	12.00	12.00	12.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	16.00	10.00	12.00	10.00	10.00	12.00	20.00	10.00	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	25.00	35.00	25.00	35.00	50.00	40.00	35.00	06
07 INITIAL COMP HOSPITAL VISIT	25.00	25.00	35.00	25.00	50.00	50.00	50.00	35.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	15.00	10.00	12.00	15.00	15.00	12.50	08
09 BIOPSY SKIN	35.00	35.00	35.00	35.00	25.00	25.00	25.00	25.00	09
10 RADICAL MASTECTOMY	615.00	615.00	615.00	615.00	650.00	650.00	650.00	600.00	10
11 REDUCTION OF FRACTURE	285.00*	415.00*	375.00*	345.00*	400.00*	625.00*	495.00*	400.00*	11
12 ARTHOTMY	27.50	20.00	20.00	10.00	10.00	8.00	16.00	16.00	12
13 NEEDLE PUNCTURE OF BURSA	12.50	12.50	20.00	10.00	15.00	15.00	15.00	15.00	13
14 BRONCHOSCOPY	135.00	135.00	135.00	135.00	125.00	140.00	140.00	140.00	14
15 THORACENTESIS	25.00	25.00	25.00	35.00	50.00	50.00	50.00	50.00	15
16 CATHETERIZATION	175.00	175.00	175.00	175.00	175.00	175.00	125.00	175.00	16
17 INSERTION OF PACEMAKER	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	17
18 BLOOD TRANSFUSION	26.00*	32.00*	29.50*	33.00*	39.50*	41.50*	50.00*	43.50*	18
19 COLECTOMY	627.00*	913.00*	825.00*	759.00*	869.00*	913.00*	1199.00*	957.00*	19
20 APPENDECTOMY	350.00	350.00	350.00	350.00	350.00	350.00	400.00	350.00	20
21 SIGMOIDOSCOPY	25.00	20.00	25.00	25.00	24.00	30.00	35.00	25.00	21
22 HEMORRHOIDECTOMY	285.00	285.00	285.00	285.00	300.00	300.00	300.00	300.00	22
23 CHOLECYSTECTOMY	500.00	500.00	500.00	500.00	400.00	500.00	600.00	475.00	23
24 REPAIR HERNIA	200.00	250.00	250.00	250.00	300.00	300.00	365.00	300.00	24
25 CYSTOSCOPY	65.00	65.00	65.00	65.00	35.00				25
26 DILATION OF URETHRA	25.00	23.00	23.00	23.00	25.00				26
27 PROSTATECTOMY	685.00	685.00	685.00	685.00	685.00				27
28 ELECTROSECTION OF PROSTATE	560.00	560.00	560.00	560.00	445.00				28
29 HYSTERECTOMY	575.00	575.00	575.00	575.00	575.00	575.00	600.00	575.00	29
30 EXTRACTION OF LENS	550.00	550.00	550.00	550.00	500.00				30
31 X-RAY CHEST	25.00	15.00	20.00	15.00	15.00	15.00	20.00	15.00	31
32 X-RAY SPINE	25.00	22.00	25.00	25.00	30.00	30.00	30.00	30.00	32
33 X-RAY HIP	15.00	12.50	15.00	12.00	22.00	22.00	20.00	22.00	33
34 X-RAY STOMACH	45.00	45.00	45.00	45.00	46.00	46.00	46.00	46.00	34
35 X-RAY COLON	40.00	40.00	40.00	40.00	39.75	39.75	38.00	39.75	35
36 COBALT									36
37 RADIOTHERAPY									37
38 HEMOGLOBIN	3.00	3.00	6.00	3.00	3.00	5.00	4.00	3.00	38
39 WHITE CELL COUNT	4.00	4.00	5.00	4.00	4.00	4.00	4.00	3.50	39
40 COMPLETE BLOOD COUNT	7.50	10.00	8.00	8.00	8.00	8.00	8.00	6.00	40
41 CHOLESTERAL BLOOD COUNT	8.00	6.00	6.00	6.00	7.00	5.00	6.00	5.00	41
42 HEMATOCRIT	3.00	3.00	3.40	3.00	3.00	3.50	3.50	3.00	42
43 PROTHROMBIN	5.50	5.00	5.50	6.00	5.50	5.00	6.00	5.00	43
44 SEDIMENTATION RATE	5.00	4.50	8.00	3.50	5.00	5.00	5.00	4.00	44
45 BLOOD SUGAR	6.50	6.00	6.00	5.00	7.00	5.00	6.00	5.00	45
46 BUN UREA NITRATE	6.00	6.00	6.00	6.00	5.00	5.00	6.00	5.00	46
47 PAP TEST	8.00	9.00	10.00	10.00	8.50	6.50	8.00	8.00	47
48 URINALYSIS	2.75	5.00	5.00	3.00	5.00	5.00	5.00	3.50	48
49 ELECTROCARDIOGRAM	15.00	18.00	20.00	15.00	16.00	20.00	18.00	15.00	49
50 ELECTROENCEPHALOGRAPH	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50

MONTANA

# MONTANA



One Locality - Statewide

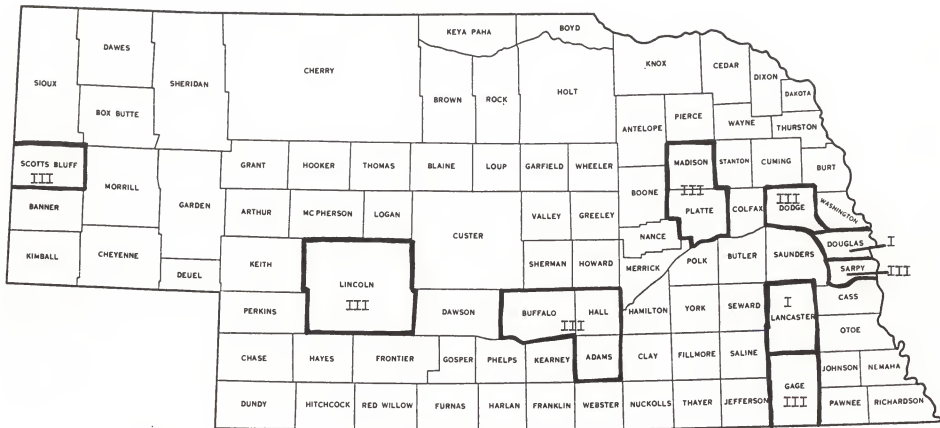
## 1977 PREVAILING CHARGE SUMMARY DATA

## MONTANA PHYSICIANS SERVICE

## MONTANA

LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEDURE DESCRIPTION	MT		MT
01 INITIAL LIMITED OFFICE VISIT	12.50		15.00
02 INITIAL COMP OFFICE VISIT	30.00		44.56
03 MINIMAL OFFICE VISIT	6.00		6.00
04 ROUTINE BRIEF OFFICE VISIT	8.93		9.00
05 ROUTINE BRIEF HOME VISIT	14.00		15.31
06 INITIAL BRIEF HOSPITAL VISIT	22.50		24.90
07 INITIAL COMP HOSPITAL VISIT	40.00		52.50
08 ROUTINE BRIEF HOSPITAL VISIT	8.93		9.00
09 BIOPSY SKIN	18.00		18.00
10 RADICAL MASTECTOMY	528.26		535.92
11 REDUCTION OF FRACTURE	518.65		645.66
12 ARTHOTMY	18.00		18.00
13 NEEDLE PUNCTURE OF BURSA	18.00		18.00
14 BRONCHOSCOPY			114.35
15 THORACENTESIS	21.60		24.05
16 CATHETERIZATION			265.00
17 INSERTION OF PACEMAKER			6.00
18 BLOOD TRANSFUSION			540.00
19 COLECTOMY	540.00		540.00
20 APPENDECTOMY	255.20		300.00
21 SIGMOIDOSCOPY	18.00		22.97
22 HEMORRHOIDECTOMY	210.00		225.00
23 CHOLECYSTECTOMY	435.00		450.00
24 REPAIR HERNIA	267.96		278.00
25 CYSTOSCOPY			36.00
26 DILATION OF URETHRA			90.00
27 PROSTATECTOMY	586.96		586.96
28 ELECTROSECTION OF PROSTATE			586.96
29 HYSTERECTOMY	528.26		585.25
30 EXTRACTION OF LENS			586.96
31 X-RAY CHEST	15.00		15.00
32 X-RAY SPINE	26.50		26.25
33 X-RAY HIP	18.75		18.00
34 X-RAY STOMACH	52.50		52.50
35 X-RAY COLON	45.00		45.00
36 COBALT			
37 RADIO THERAPY			
38 HEMOGLOBIN	3.00		2.45
39 WHITE CELL COUNT	3.00		2.50
40 COMPLETE BLOOD COUNT	7.50		8.93
41 CHOLESTERAL BLOOD COUNT	6.60		7.05
42 HEMATOCRIT	3.00		2.50
43 PROTHROMBIN	5.00		5.10
44 SEDIMENTATION RATE	4.20		4.25
45 BLOOD SUGAR	6.00		6.00
46 BUN UREA NITRATE	6.50		7.40
47 PAP TEST	10.00		10.00
48 URINALYSIS	3.60		3.83
49 ELECTROCARDIOGRAM	22.50		22.97
50 ELECTROENCEPHALGRAM			

## NEBRASKA



Three Localities:

- I - Douglas and Lancaster Counties
- III - Counties over 25,000 population - Adams, Buffalo, Dodge, Gage, Hall, Lincoln, Madison, Platte, Sarpy, Scotts Bluff
- IV - Remaining 81 counties under 25,000 population

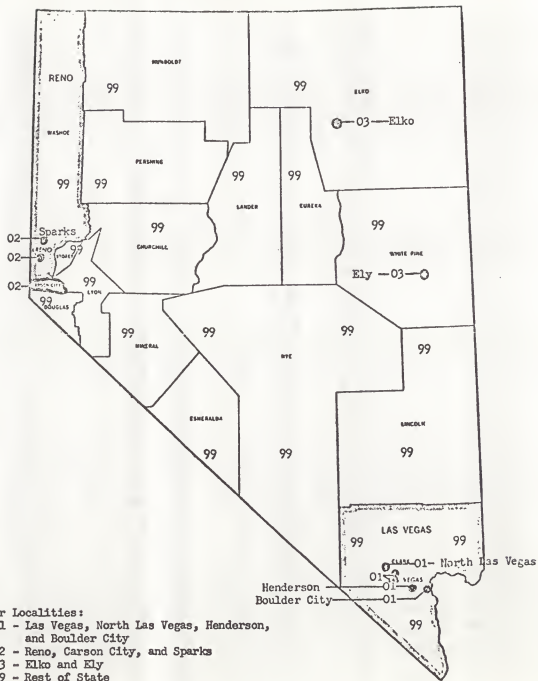
## 1977 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.

NEBRASKA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	REG I	REG III	REG IV	REG I	REG III	REG IV	
01 INITIAL LIMITED OFFICE VISIT	17.70	19.20	19.20	20.00	19.20	20.00	01
02 INITIAL COMP OFFICE VISIT	35.00	35.00	35.00	51.10	38.30	44.70	02
03 MINIMAL OFFICE VISIT	7.70	7.70	6.40	10.00	7.70	6.40	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	7.70	6.40	10.00	7.70	6.40	04
05 ROUTINE BRIEF HOME VISIT	15.00	12.00	10.50	15.00	13.00	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	25.50	25.00	19.20	38.30	30.00	25.00	06
07 INITIAL COMP HOSPITAL VISIT	45.00	40.00	40.00	50.00	40.00	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.90	7.70	7.70	10.00	8.00	7.50	08
09 BIOPSY SKIN	20.00	20.00	19.20	20.00	21.00	21.00	09
10 RADICAL MASTECTOMY	523.30	523.30	523.30	574.40	450.00	525.00	10
11 REDUCTION OF FRACTURE	400.00	400.00	400.00	570.00	561.60	510.60	11
12 ARTHOTOMY	15.00	10.00	10.00	15.00	15.00	12.00	12
13 NEEDLE PUNCTURE OF BURSA	15.00	10.00	12.00	15.00	12.80	12.80	13
14 BRONCHOSCOPY	125.00	125.00	125.00	125.00	125.00	125.00	14
15 THORACENTESIS	25.00	25.00	30.00	31.90	25.00	35.00	15
16 CATHETERIZATION	225.00	225.00	225.00	223.40	223.40	223.40	16
17 INSERTION OF PACEMAKER	750.00	750.00	750.00	750.00	750.00	750.00	17
18 BLOOD TRANSFUSION	15.00	15.00	15.00	15.00	15.00	15.00	18
19 COLECTOMY	638.20	638.20	638.20	638.20	500.00	638.20	19
20 APPENDECTOMY	240.00	240.00	240.00	250.00	250.00	250.00	20
21 SIGMOIDOSCOPY	19.20	17.00	19.20	19.20	19.20	19.20	21
22 HEMORRHOIDECTOMY	223.40	223.40	234.40	225.00	225.00	225.00	22
23 CHOLECYSTECTOMY	360.00	360.00	360.00	450.00	382.90	375.00	23
24 REPAIR HERNIA	216.00	216.00	216.00	300.00	250.00	255.30	24
25 CYSTOSCOPY	35.00	35.00	35.00	35.00	35.00	35.00	25
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	10.00	15.00	26
27 PROSTATECTOMY	561.60	561.60	561.60	561.60	561.60	561.60	27
28 ELECTROSECTION OF PROSTATE	510.60	510.60	510.60	500.00	510.60	510.60	28
29 HYSTERECTOMY	490.00	490.00	490.00	500.00	446.70	490.00	29
30 EXTRACTION OF LENS	446.70	446.70	446.70	446.70	478.70	446.70	30
31 X-RAY CHEST	18.50	18.50	16.00	21.00	21.00	21.00	31
32 X-RAY SPINE	25.50	30.00	25.00	31.90	36.00	36.00	32
33 X-RAY HIP	19.20	19.20	19.20	26.80	28.00	28.00	33
34 X-RAY STOMACH	35.00	44.70	50.00	57.00	57.00	57.00	34
35 X-RAY COLON	38.20	38.30	38.30	50.00	50.00	50.00	35
36 COBALT	20.00	20.00	20.00	20.00	20.00	20.00	36
37 RADIO THERAPY	55.00	55.00	55.00	55.00	55.00	55.00	37
38 HEMOGLOBIN	4.00	3.25	3.00	3.00	3.00	3.00	38
39 WHITE CELL COUNT	4.00	3.00	3.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.50	8.00	8.40	8.50	8.00	8.50	40
41 CHOLESTERAL BLOOD COUNT	7.00	6.50	7.00	8.00	6.50	6.00	41
42 HEMATOCRIT	4.00	2.00	3.00	3.00	3.00	3.00	42
43 PROTHROMBIN	8.00	6.00	6.50	6.00	6.00	7.00	43
44 SEDIMENTATION RATE	4.00	3.00	5.00	3.50	3.50	3.50	44
45 BLOOD SUGAR	6.00	6.00	6.00	6.50	6.00	7.00	45
46 BUN UREA NITRATE	7.00	9.80	8.00	7.00	7.00	8.00	46
47 PAP TEST	10.00	7.50	10.00	10.00	5.00	9.00	47
48 URINALYSIS	4.00	4.00	3.50	4.50	4.00	4.00	48
49 ELECTROCARDIOGRAM	19.20	19.20	19.20	19.20	18.00	16.50	49
50 ELECTROENCEPHALOGRAPH	50.00	50.00	50.00	50.00	50.00	50.00	50



# NEVADA



## Four Localities:

- 01 - Las Vegas, North Las Vegas, Henderson, and Boulder City
- 02 - Reno, Carson City, and Sparks
- 03 - Elko and Ely
- 99 - Rest of State

(The city boundaries are the exact boundaries of the localities.)



## 1977 PREVAILING CHARGE SUMMARY DATA

## AETNA LIFE AND CASUALTY

## NEVADA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION				GENERAL PRACTICE				LOCALITY DESIGNATION				FOR SPECIALIST			
	01	02	03	99	01	02	03	99	01	02	03	99	01	02	03	99
01 INITIAL LIMITED OFFICE VISIT	19.10	35.00	19.10	16.00	20.00	25.00	20.00	20.00	20.00	25.00	20.00	20.00	01			
02 INITIAL COMP OFFICE VISIT	63.80	53.60	60.00	60.00	70.00	52.50	70.00	70.00	70.00	52.50	70.00	70.00	02			
03 MINIMAL OFFICE VISIT	5.00	6.40	5.00	5.00	7.30	7.70	7.70	7.70	7.70	7.70	7.70	7.70	03			
04 ROUTINE BRIEF OFFICE VISIT	12.00	10.20	9.60	10.20	12.80	15.00	10.90	13.40	10.90	15.00	10.90	13.40	04			
05 ROUTINE BRIEF HOME VISIT	20.00	19.10	20.00	12.50	25.50	15.00	15.00	15.00	15.00	15.00	15.00	15.00	05			
06 INITIAL BRIEF HOSPITAL VISIT	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	06			
07 INITIAL COMP HOSPITAL VISIT	70.00	55.00	66.00	66.00	75.00	55.50	75.00	75.00	75.00	55.50	75.00	75.00	07			
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	12.00	12.80	10.20	19.10	15.00	15.00	15.00	15.00	15.00	15.00	15.00	08			
09 BIOPSY SKIN	44.70	30.00	31.90	31.90	31.90	30.00	30.00	30.00	30.00	30.00	30.00	30.00	09			
10 RADICAL MASTECTOMY	825.00	825.00	825.00	825.00	750.30	803.90	803.90	803.90	803.90	803.90	803.90	803.90	10			
11 REDUCTION OF FRACTURE	918.70	918.70	918.70	918.70	857.50	918.70	918.70	918.70	918.70	918.70	918.70	918.70	11			
12 ARTHOTOMY	23.00	19.10	19.10	17.90	19.10	21.70	19.10	19.10	19.10	21.70	19.10	19.10	12			
13 NEEDLE PUNCTURE OF BURSA	20.40	20.00	21.60	21.60	19.10	23.00	23.00	23.00	23.00	23.00	23.00	23.00	13			
14 BRONCHOSCOPY	162.10	162.10	162.10	162.10	160.80	153.10	172.00	172.30	153.10	172.00	172.30	172.30	14			
15 THORACENTESIS	38.00	38.00	38.00	38.00	35.00	34.00	38.30	38.30	34.00	38.30	38.30	38.30	15			
16 CATHETERIZATION	252.00	252.00	252.00	252.00	252.00	252.00	252.00	252.00	252.00	252.00	252.00	252.00	16			
17 INSERTION OF PACEMAKER	765.30	765.60	765.60	765.60	765.60	765.60	765.60	765.60	765.60	765.60	765.60	765.60	17			
18 BLOOD TRANSFUSION	22.20*	20.60*	21.20*	18.40*	22.40*	22.00*	20.00*	22.40*	22.00*	20.00*	22.40*	22.40*	18			
19 COLECTOMY	865.00	865.00	865.00	865.00	900.00	846.00	800.00	846.00	846.00	846.00	846.00	846.00	19			
20 APPENDECTOMY	400.00	400.00	400.00	400.00	428.70	440.00	446.00	446.00	446.00	446.00	446.00	446.00	20			
21 SIGMOIDOSCOPY	34.50	30.00	31.90	25.00	38.30	28.00	34.50	34.50	28.00	34.50	34.50	34.50	21			
22 HEMORRHOIDECTOMY	329.00	329.00	329.00	329.00	320.00	321.60	320.00	320.00	320.00	320.00	320.00	320.00	22			
23 CHOLECYSTECTOMY	643.10	638.00	638.80	638.00	675.00	681.00	681.00	681.00	681.00	681.00	681.00	681.00	23			
24 REPAIR HERNIA	382.80	375.10	382.80	382.80	446.60	408.00	446.60	446.60	446.60	446.60	446.60	446.60	24			
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	25			
26 DILATION OF URETHRA	19.10	19.10	19.10	19.10	15.00	19.10	15.75	15.75	15.75	15.75	15.75	15.75	26			
27 PROSTATECTOMY	88.80*	114.30*	117.70*	102.10*	114.30*	123.20*	123.20*	123.20*	123.20*	123.20*	123.20*	123.20*	27			
28 ELECTROSECTION OF PROSTATE	920.00	920.00	920.00	920.00	857.50	920.00	920.00	920.00	920.00	920.00	920.00	920.00	28			
29 HYSTERECTOMY	815.00	815.00	815.00	815.00	750.30	750.30	800.00	800.00	800.00	800.00	800.00	800.00	29			
30 EXTRACTION OF LENS	829.40	829.40	829.40	829.40	800.00	816.60	829.40	829.40	829.40	829.40	829.40	829.40	30			
31 X-RAY CHEST	19.10	19.10	19.10	15.00	15.30	15.30	15.30	15.30	15.30	15.30	15.30	15.30	31			
32 X-RAY SPINE	26.80	31.90	30.60	30.60	23.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	32			
33 X-RAY HIP	26.00	26.00	26.00	26.00	28.00	28.70	28.00	28.00	28.00	28.00	28.00	28.00	33			
34 X-RAY STOMACH	55.10	51.00	57.00	57.00	55.00	62.00	59.00	59.00	59.00	59.00	59.00	59.00	34			
35 X-RAY COLON	57.00	52.00	57.00	57.00	45.90	60.00	60.00	60.00	60.00	60.00	60.00	60.00	35			
36 COBALT	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	36			
37 RADIOTHERAPY	32.00*	38.40*	36.80*	29.60*	32.00*	39.20*	39.20*	39.20*	39.20*	39.20*	39.20*	39.20*	37			
38 HEMOGLOBIN	6.00	3.00	5.00	4.00	3.50	4.00	4.00	4.00	4.00	4.00	4.00	4.00	38			
39 WHITE CELL COUNT	3.00	3.00	3.00	4.00	4.50	4.50	4.50	4.50	4.50	4.50	4.50	4.50	39			
40 COMPLETE BLOOD COUNT	12.00	11.00	12.00	12.00	10.00	14.00	10.00	10.00	10.00	10.00	10.00	10.00	40			
41 CHOLESTEROL BLOOD COUNT	10.00	7.50	10.00	10.00	8.00	12.50	12.50	12.50	12.50	12.50	12.50	12.50	41			
42 HEMATOCRIT	4.00	3.00	3.50	3.50	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	42			
43 PROTHROMBIN	6.00	5.00	7.00	7.00	7.00	5.50	7.00	7.00	7.00	7.00	7.00	7.00	43			
44 SEDIMENTATION RATE	5.50	7.00	7.00	7.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	44			
45 BLOOD SUGAR	10.00	9.00	8.00	10.00	8.00	8.50	8.50	8.50	8.50	8.50	8.50	8.50	45			
46 BUN UREA NITRATE	6.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	46			
47 PAP TEST	10.00	10.00	10.00	8.00	10.00	8.50	10.00	10.00	10.00	10.00	10.00	10.00	47			
48 URINALYSIS	6.00	4.00	5.50	5.00	5.00	4.00	5.00	5.00	5.00	5.00	5.00	5.00	48			
49 ELECTROCARDIOGRAM	30.00	30.00	30.00	25.50	25.00	28.00	27.50	27.50	27.50	27.50	27.50	27.50	49			
50 ELECTROENCEPHALOGRAM	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	50			

NEW HAMPSHIRE



One Locality - Statewide

## 1977 PREVAILING CHARGE SUMMARY DATA

## NEW HAMPSHIRE-VERMONT B/S

## NEW HAMPSHIRE

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	01		01	
01 INITIAL LIMITED OFFICE VISIT	12.00		15.00	01
02 INITIAL COMP OFFICE VISIT	25.00		31.90	02
03 MINIMAL OFFICE VISIT	5.00		5.00	03
04 ROUTINE BRIEF OFFICE VISIT	9.00		10.00	04
05 ROUTINE BRIEF HOME VISIT	11.50		12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	26.00		30.00	06
07 INITIAL COMP HOSPITAL VISIT			35.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00		11.00	08
09 BIOPSY SKIN	15.00		15.00	09
10 RADICAL MASTECTOMY			535.90	10
11 REDUCTION OF FRACTURE			630.00	11
12 ARTHOTMY	15.00		15.00	12
13 NEEDLE PUNCTURE OF BURSA				13
14 BRONCHOSCOPY			125.00	14
15 THORACENTESIS	25.00		31.90	15
16 CATHETERIZATION				16
17 INSERTION OF PACEMAKER				17
18 BLOOD TRANSFUSION	12.80		12.80	18
19 COLECTOMY			550.00	19
20 APPENOECTOMY			285.00	20
21 SIGMOIDOSCOPY	20.00		30.00	21
22 HEMORRHOIDECTOMY				22
23 CHOLECYSTECTOMY			446.60	23
24 REPAIR HERNIA			275.00	24
25 CYSTOSCOPY			65.00	25
26 OILATION OF URETHRA				26
27 PROSTATECTOMY			612.50	27
28 ELECTROSECTION OF PROSTATE	200.00		560.00	28
29 HYSTERECTOMY			400.00	29
30 EXTRACTION OF LENS			500.00	30
31 X-RAY CHEST			6.50	31
32 X-RAY SPINE			25.00	32
33 X-RAY HIP			7.00	33
34 X-RAY STOMACH			20.00	34
35 X-RAY COLON			20.00	35
36 COBALT			10.00	36
37 RADIO THERAPY			12.00	37
38 HEMOGLOBIN	3.00		3.00	38
39 WHITE CELL COUNT	3.50		2.50	39
40 COMPLETE BLOOD COUNT	7.00		6.00	40
41 CHOLESTERAL BLOOD COUNT	6.00		7.00	41
42 HEMATOCRIT	3.00		2.50	42
43 PROTHROMBIN	6.00		5.00	43
44 SEDIMENTATION RATE	5.00		5.00	44
45 BLOOD SUGAR	5.00		6.00	45
46 BUN UREA NITRATE	5.00		6.00	46
47 PAP TEST	11.00		8.00	47
48 URINALYSIS	3.50		4.00	48
49 ELECTROCARDIOGRAM	16.00		19.10	49
50 ELECTROENCEPHALOGRAM			50.00	50

# NEW JERSEY



## Three Localities:

- 01 Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren Counties
- 02 Burlington, Mercer, Monmouth, and Ocean Counties
- 03 Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem Counties

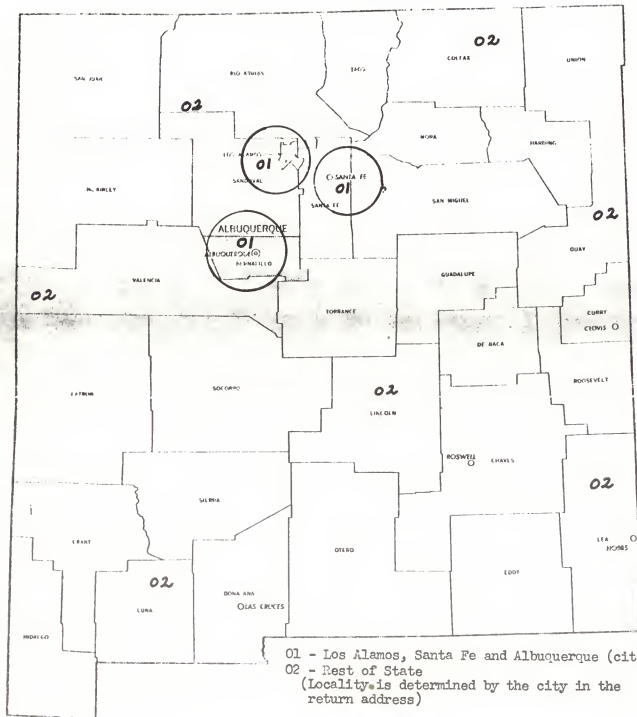
## 1977 PREVAILING CHARGE SUMMARY DATA

## PRUDENTIAL INSURANCE COMPANY

## NEW JERSEY

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	I	II	III	I	II	III	
01 INITIAL LIMITED OFFICE VISIT	19.10	20.00	16.00	30.00	25.50	25.50	01
02 INITIAL COMP OFFICE VISIT	30.00	26.00	25.00	38.30	38.30	31.90	02
03 MINIMAL OFFICE VISIT	10.00	10.00	8.90	12.80	12.80	12.80	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	8.90	12.80	12.80	12.80	04
05 ROUTINE BRIEF HOME VISIT	15.00	12.80	12.00	19.10	19.10	15.30	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	30.00	31.90	44.70	44.70	38.30	06
07 INITIAL COMP HOSPITAL VISIT	30.00	30.00	31.90	31.90	31.90	31.90	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	11.00	10.00	15.00	15.00	12.80	08
09 BIOPSY SKIN	35.00	40.00	18.00	63.80	50.00	50.00	09
10 RADICAL MASTECTOMY	500.00	500.00		765.60	765.60	650.80	10
11 REDUCTION OF FRACTURE	765.60		765.60	950.00	765.60	765.60	11
12 ARTHOTMY	18.00	15.00	15.00	20.00	20.00	22.00	12
13 NEEDLE PUNCTURE OF BURSA	18.00	19.10	15.00	20.00	20.00	25.00	13
14 BRONCHOSCOPY		138.00*	124.50*	191.40	200.00	157.50	14
15 THORACENTESIS	50.00	40.00	50.00	75.00	63.80	50.00	15
16 CATHETERIZATION	250.00	322.00*		319.00	250.00	319.00	16
17 INSERTION OF PACEMAKER		920.00*		900.00	800.00	800.00	17
18 BLOOD TRANSFUSION	25.00		25.00	25.00			18
19 COLECTOMY	700.00	400.00		930.00	893.00	765.60	19
20 APPENDECTOMY	260.00	260.00		401.90	408.30	350.90	20
21 SIGMOIDOSCOPY	30.00	25.00	25.00	40.00	35.00	40.00	21
22 HEMORRHOIDECTOMY	319.00	319.00		350.00	300.00	274.30	22
23 CHOLECYSTECTOMY	500.00	548.70		638.00	599.70	510.40	23
24 REPAIR HERNIA	320.00	250.00	350.90	395.00	382.80	319.00	24
25 CYSTOSCOPY	25.00		41.50*	50.00	62.50	50.00	25
26 DILATION OF URETHRA	14.00	20.00	19.10	19.10	23.00	15.00	26
27 PROSTATECTOMY	341.00			850.00	765.60	650.00	27
28 ELECTROSECTION OF PROSTATE	800.00*			765.60	795.00	638.00	28
29 HYSTERECTOMY	590.00	600.00		750.00	638.00	606.10	29
30 EXTRACTION OF LENS	800.00*			750.00	638.00	638.00	30
31 X-RAY CHEST	19.10	20.00	20.00	24.00	20.00	20.00	31
32 X-RAY SPINE	31.90	35.00	25.50	38.30	38.00	40.00	32
33 X-RAY HIP	27.50	25.00	26.00	30.00	27.00	25.00	33
34 X-RAY STOMACH	63.80	55.00	51.00	63.80	55.00	50.00	34
35 X-RAY COLON	60.00	60.00	50.00	55.00	50.00	50.00	35
36 COBALT				30.00	31.90	27.00	36
37 RADIOIHEAPY				30.00	30.00	27.00	37
38 HEMOGLOBIN	5.00	4.00	3.00	3.00	3.00	5.00	38
39 WHITE CELL COUNT	5.00	5.00	5.00	3.00	4.00	1.00	39
40 COMPLETE BLOOD COUNT	7.00	10.00	7.00	7.00	7.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	7.00	6.00	6.00	5.00	5.00	41
42 HEMATOCRIT	5.00	4.00	3.00	4.00	3.00	5.00	42
43 PROTHROMBIN	6.00	7.00	5.00	6.00	6.00	5.00	43
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00	5.00	5.00	44
45 BLOOD SUGAR	6.00	6.00	5.00	5.30	5.00	5.00	45
46 BUN UREA NITRATE	6.00	6.00	5.00	6.00	5.50	6.00	46
47 PAP TEST	10.00	10.00	9.00	10.00	10.00	10.00	47
48 URINALYSIS	4.00	4.00	3.00	5.00	5.00	3.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	20.00	25.00	49
50 ELECTROENCEPHALOGRAM	35.00			45.00	50.00	60.00	50

# NEW MEXICO



01 - Los Alamos, Santa Fe and Albuquerque (cities)  
 02 - Rest of State  
 (Locality is determined by the city in the return address)

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	O1	O2	O1	O2
01 INITIAL LIMITED OFFICE VISIT	13.30	15.60	15.60	13.30
02 INITIAL COMP OFFICE VISIT	36.50	45.75	48.50	46.80
03 MINIMAL OFFICE VISIT	6.00	4.70	8.00	5.20
04 ROUTINE BRIEF OFFICE VISIT	9.30	10.00	10.60	8.50
05 ROUTINE BRIEF HOME VISIT	20.90	15.00	19.90	13.30
06 INITIAL BRIEF HOSPITAL VISIT	20.80	20.80	20.80	16.60
07 INITIAL COMP HOSPITAL VISIT	46.80	46.50	49.80	41.60
08 ROUTINE BRIEF HOSPITAL VISIT	9.30	8.80	10.40	6.60
09 BIOPSY SKIN	20.80	20.80	20.80	20.80
10 RADICAL MASTECTOMY	648.00	647.80	642.70	648.00
11 REDUCTION OF FRACTURE	665.30	572.00	665.30	665.30
12 ARTHOTMY	18.00	16.00	19.90	18.60
13 NEEDLE PUNCTURE OF BURSA	12.50	20.80	15.60	15.60
14 BRONCHOSCOPY	165.90	162.00	165.90	165.90*
15 THORACENTESIS	26.00	26.00	33.20	26.00
16 CATHETERIZATION	287.00*	273.00*	269.50*	332.50*
17 INSERTION OF PACEMAKER	820.00	780.00*	770.00*	950.00*
18 BLOOD TRANSFUSION	16.40*	15.60*	15.40*	19.00*
19 COLECTOMY	629.00	567.00	796.50	629.00
20 APPENDECTOMY	358.50	358.40	358.40	358.50
21 SIGMOIDOSCOPY	30.50	26.00	26.00	26.00
22 HEMORRHOIDECTOMY	260.00	260.00	260.00	260.00
23 CHOLECYSTECTOMY	442.70	468.00	527.80	442.70
24 REPAIR HERNIA	260.60	283.10	329.90	260.60
25 CYSTOSCOPY	43.20	36.40	43.20	43.20
26 DILATION OF URETHRA	10.90	11.50	11.50	11.50
27 PROSTATECTOMY	680.00	780.00	680.00	680.00
28 ELECTROSECTION OF PROSTATE	582.40	675.50	680.00	675.70
29 HYSTERECTOMY	625.00	625.00	625.00	625.00
30 EXTRACTION OF LENS	531.00	621.40	630.50	621.40
31 X-RAY CHEST	13.50	14.60	15.60	13.50
32 X-RAY SPINE	26.00	22.80	21.80	24.30
33 X-RAY HIP	27.00	22.90	19.90	22.90
34 X-RAY STOMACH	58.25	46.80	48.00	48.00
35 X-RAY COLON	58.25	47.80	46.50	47.80
36 COBALT	15.60	15.60	15.60	15.60
37 RADIOTHERAPY	31.60*	32.00*	31.20*	28.00*
38 HEMOGLOBIN	3.10	3.10	3.10	4.20
39 WHITE CELL COUNT	3.10	3.10	4.20	3.10
40 COMPLETE BLOOD COUNT	8.30	8.80	9.00	8.30
41 CHOLESTERAL BLOOD COUNT	8.00	8.30	10.00	9.40
42 HEMATOCRIT	3.60	3.00	3.10	3.00
43 PROTHROMBIN	5.70	6.10	6.75	5.20
44 SEDIMENTATION RATE	3.20	4.80	5.40	4.20
45 BLOOD SUGAR	6.25	6.50	6.25	6.25
46 BUN UREA NITRATE	6.40	9.40	7.80	7.80
47 PAP TEST	10.60	10.40	8.50	8.30
48 URINALYSIS	4.20	4.20	4.60	4.20
49 ELECTROCARDIOGRAM	22.90	17.20	20.00	18.75
50 ELECTROENCEPHALOGRAM	45.50	45.50	45.50	45.00



[illegible]

B/S of Greater New York - A, B, E, H<sub>2</sub> & N  
Metropolitan Life Insurance Co. - I & II  
Group Health Insurance - Queens County  
E/S of Western New York - Allegheny, Cattaraugus, Erie,  
Genesee, Niagara, Orleans & Wyoming Counties  
Genesee Valley Medical Care Inc. - Livingston, Monroe,  
Seneca, Wayne & Yates Counties

## Group Health Insurance

## 1977 PREVAILING CHARGE SUMMARY DATA

## B/C-B/S OF GREATER NEW YORK

## NEW YORK

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	A	B	E	H	N	A	B	E	H	N	
01 INITIAL LIMITED OFFICE VISIT	25.00	20.00	19.10	17.00	10.00	44.70	31.90	31.90	25.00	19.10	01
02 INITIAL COMP OFFICE VISIT	25.50	20.00	25.00	19.10	19.00	44.70	35.00	35.00	35.00	15.00	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	15.00	12.80	12.80	11.50	8.00	25.00	19.10	19.10	15.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	20.00	19.10	19.10	15.30	12.00	31.90	20.00	25.00	19.10	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT											06
07 INITIAL COMP HOSPITAL VISIT	25.50	25.50	31.90	25.00	20.00	50.00	38.30	38.30	38.30	30.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	20.00	19.10	19.10	15.00	10.00	29.20	20.00	21.90	19.10	10.00	08
09 BIOPSY SKIN	40.00	31.90	33.80*	44.70	44.70	50.00	38.30	44.70	45.00	45.00	09
10 RADICAL MASTECTOMY	797.50*	765.60*	638.00*	638.00*	638.00*	1276.00	1025.00	957.00	765.60*	765.60	10
11 REDUCTION OF FRACTURE	925.10*	836.00*	901.60*	726.00*	726.00*	1220.00*	1020.80*	1128.00*	829.40*	829.40*	11
12 ARTHOTMY	31.90	31.90	31.90	25.00	25.00	44.70	31.90	31.90	35.00	35.00	12
13 NEEDLE PUNCTURE OF BURSA	25.00	31.90	25.50	25.00	25.00	44.70	31.90	35.00	30.00	30.00	13
14 BRONCHOSCOPY	184.40*	187.10*	169.10*	140.00*	140.00*	255.20	216.90	255.20	191.40	191.40	14
15 THORACENTESIS	36.90*	63.80*	33.80*	42.00	42.00	82.90	69.00	76.60	63.80	63.80	15
16 CATHETERIZATION	300.00*	319.00*	250.00*	255.20*	255.20*	300.00	319.00	250.00	319.00*	319.00*	16
17 INSERTION OF PACEMAKER	335.00*	300.00*	382.80*	335.90*	335.90*	500.00	350.00	400.00	382.80	382.80	17
18 BLOOD TRANSFUSION	24.60*	45.00	44.70*	16.40	16.40	63.80	47.50	20.00	38.00	38.00	18
19 COLECTOMY	1148.40*	1020.80*	893.20*	765.10*	765.10*	1595.00	1276.00	1212.20	988.90	988.90	19
20 APPENDECTOMY	446.60*	478.50*	414.70*	373.20*	373.20*	500.00	574.20	561.40	500.00	500.00	20
21 SIGMOIDOSCOPY	30.00	31.90	25.00	30.00	30.00	40.00	31.90	31.90	38.00	38.00	21
22 HEMORRHOIDECTOMY	368.70*	374.10*	338.10*	279.90*	279.90*	550.00	478.50	414.70	446.60	446.60	22
23 CHOLECYSTECTOMY	701.80*	700.00	701.80*	559.80*	559.80*	1084.60	893.20	765.60	701.80	701.80	23
24 REPAIR HERNIA	612.50*	450.00	394.50*	326.60*	326.60*	701.80	510.40	478.50	446.60	446.60	24
25 CYSTOSCOPY	102.10	40.00	60.00*	64.00	64.00	102.10	95.70	60.00	76.60	76.60	25
26 DILATION OF URETHRA	28.00*	31.00*	25.00*	19.10*	19.10*	35.00	40.00	25.00	19.10	19.10	26
27 PROSTATECTOMY	957.00*	836.00*	733.70*	701.80*	701.80*	1276.00	1039.40	925.10	829.40	829.40	27
28 ELECTROSECTION OF PROSTATE	983.20*	829.40*	733.70*	746.40*	746.40*	1052.70	957.00	829.40	765.60	765.60	28
29 HYSTERECTOMY	910.00	748.20*	676.20*	559.80*	559.80*	1000.00	957.00	765.60	701.80	701.80	29
30 EXTRACTION OF LENS	925.10*	733.70*	829.40*	733.70*	733.70*	1084.60	957.00	850.00	765.60	765.60	30
31 X-RAY CHEST	25.00	20.00	25.00	20.00	20.00	25.00	25.00	25.00	21.70	21.70	31
32 X-RAY SPINE	31.90	35.00	35.00	25.50	25.50	38.30	35.00	38.30	30.00	30.00	32
33 X-RAY HIP	33.60*	20.00	33.00	28.00	28.00	35.00	31.90	35.00	33.00	33.00	33
34 X-RAY STOMACH	80.00	85.00	75.00	65.00	65.00	95.70	85.00	80.00	75.00	75.00	34
35 X-RAY COLON	75.00	75.00	57.40	60.00	60.00	95.00	82.90	75.00	70.00	70.00	35
36 COBALT	19.10*	20.50	20.50*	25.50*	25.50*	44.70	25.00	25.00	25.00	25.00	36
37 RADIO THERAPY	13.60	20.00	25.00*	25.50*	25.50*	35.00	31.90	30.00	25.00	25.00	37
38 HEMOGLOBIN	5.00	5.00	5.00	3.00	3.00	5.00	5.00	4.00	4.00	4.00	38
39 WHITE CELL COUNT	5.00	5.00	3.00	3.00	3.00	5.00	5.00	3.00	3.50	3.50	39
40 COMPLETE BLOOD COUNT	8.00	8.00	10.00	7.00	7.00	10.00	8.00	8.00	8.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	6.00	7.00	7.00	7.00	7.00	6.00	8.00	7.00	7.00	41
42 HEMATOCRIT	5.00	5.00	5.00	5.00	5.00	5.00	4.00	5.00	3.50	3.50	42
43 PROTHROMBIN	10.00	5.00	8.00	5.00	5.00	10.00	6.00	6.00	7.00	7.00	43
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	44
45 BLOOD SUGAR	6.00	6.00	7.00	6.00	6.00	7.00	6.00	6.00	6.00	6.00	45
46 BUN UREA NITRATE	6.00	6.00	7.00	5.00	5.00	7.00	6.00	7.00	6.00	6.00	46
47 PAP TEST	10.00	10.00	8.00	10.00	10.00	10.00	10.00	15.00	5.00	5.00	47
48 URINALYSIS	5.00	7.00	5.00	4.00	4.00	5.00	5.00	5.00	5.00	5.00	48
49 ELECTROCARDIOGRAM	20.10	25.00	25.00	25.00	25.00	27.60	25.00	25.00	25.00	25.00	49
50 ELECTROENCEPHALOGRAM	60.40*	53.10*	60.00*	60.00*	60.00*	80.00	53.10	60.00	60.00	60.00	50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST		
	AREA I	AREA II	AREA I	AREA II	
01 INITIAL LIMITED OFFICE VISIT	15.00	12.80	20.00	19.10	01
02 INITIAL COMP OFFICE VISIT	44.70	30.00	44.70	40.00	02
03 MINIMAL OFFICE VISIT	6.40	5.10	8.00	3.80	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	8.90	12.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.00	15.00	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	23.00	25.50	25.50	06
07 INITIAL CCMP HOSPITAL VISIT	50.00	40.00	44.70	46.40	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	8.90	12.00	10.00	08
09 BIOPSY SKIN	25.00*	24.00	25.00	26.80	09
10 RADICAL MASTECTOMY	602.90*	558.30*	625.20	574.20	10
11 REDUCTION OF FRACTURE	612.50*	612.50*	612.50	612.50	11
12 ARTHOTMY	16.60	15.00	19.10	19.10	12
13 NEEDLE PUNCTURE OF BURSA	15.00	19.10	19.10	19.10	13
14 BRONCHOSCOPY	129.30*	119.70	134.00	127.60	14
15 THORACENTESIS	25.90*	25.00	40.00	31.90	15
16 CATHETERIZATION	200.00*	230.00*	200.00	230.00	16
17 INSERTION OF PACEMAKER	750.00*	600.00	750.00	595.00	17
18 BLOOD TRANSFUSION	16.00*	20.00	16.00	20.00	18
19 COLECTOMY	689.00*	638.00	714.60	638.00	19
20 APPENDECTOMY	340.00*	319.00*	340.00	319.00	20
21 SIGMOIDOSCOPY	25.50	25.00	31.90	25.50	21
22 HEMORRHOIDECTOMY	258.40*	239.30*	268.00	255.20	22
23 CHOLECYSTECTOMY	500.00*	459.40	500.00	459.40	23
24 REPAIR HERNIA	301.50*	279.20	319.00	280.00	24
25 CYSTOSCOPY	38.30*	39.90*	38.30	40.00	25
26 DILATION OF URETHRA	15.30*	19.10	15.30	15.00	26
27 PROSTATECTOMY	638.00*	600.00*	638.00	600.00	27
28 ELECTROSECTION OF PROSTATE	612.50*	612.50*	612.50	612.50	28
29 HYSTERECTOMY	602.90*	558.30*	625.20	561.40	29
30 EXTRACTION OF LENS	600.00*	560.00*	600.00	560.00	30
31 X-RAY CHEST	20.00	19.10	19.10	16.60	31
32 X-RAY SPINE	26.30*	30.00	38.30	42.00	32
33 X-RAY HIP	31.90*	30.60	31.90	31.00	33
34 X-RAY STOMACH	52.50*	40.00*	59.00	58.70	34
35 X-RAY COLON	43.80*	35.00*	49.80	50.50	35
36 COBAL T	18.00*	15.00*	26.00	15.00	36
37 RADIO THERAPY	22.00*	24.00*	30.00	30.00	37
38 HEMOGLOBIN	2.00	2.50	4.00	2.50	38
39 WHITE CELL COUNT	3.00*	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	9.00	6.00	8.60	8.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	5.00	5.00	6.00	41
42 HEMATOCRIT	4.00	3.00	3.00	3.00	42
43 PROTHROMBIN	7.00	4.00	4.20	5.00	43
44 SEDIMENTATION RATE	3.00	3.60	5.00	4.00	44
45 BLOOD SUGAR	7.00	5.00	5.00	5.00	45
46 BUN UREA NITRATE	5.00	5.00	5.20	6.00	46
47 PAP TEST	7.00	6.00	5.00	10.00	47
48 URINALYSIS	3.00	3.00	4.00	4.00	48
49 ELECTROCARDIOGRAM	25.00	20.00	22.00	20.00	49
50 ELECTROENCEPHALOGRAM	45.90*	45.50*	45.90	50.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA GROUP HEALTH INCORPORATED

NEW YORK

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	SINGLE		SINGLE	
01 INITIAL LIMITED OFFICE VISIT	12.80		25.00	01
02 INITIAL COMP OFFICE VISIT	25.00		35.00	02
03 MINIMAL OFFICE VISIT				03
04 ROUTINE BRIEF OFFICE VISIT	10.20		15.00	04
05 ROUTINE BRIEF HOME VISIT	15.30		20.00	05
06 INITIAL BRIEF HOSPITAL VISIT				06
07 INITIAL COMP HOSPITAL VISIT	30.00		44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.30		19.10	08
09 BIOPSY SKIN	35.00		50.00	09
10 RADICAL MASTECTOMY			950.00	10
11 REDUCTION OF FRACTURE			1140.00	11
12 ARTHOTOMY	20.00		25.00	12
13 NEEDLE PUNCTURE OF BURSA	19.10		31.00	13
14 BRONCHOSCOPY			250.00	14
15 THORACENTESIS	75.00		127.60	15
16 CATHETERIZATION				16
17 INSERTION OF PACEMAKER			300.00	17
18 BLOOD TRANSFUSION			50.00	18
19 COLECTOMY			1000.00	19
20 APPENDECTOMY			469.60	20
21 SIGMOIDOSCOPY	30.00		44.70	21
22 HEMORRHOIDECTOMY			446.60	22
23 CHOLECYSTECTOMY	600.00		755.40	23
24 REPAIR HERNIA	382.80		500.00	24
25 CYSTOSCOPY			60.00	25
26 DILATION OF URETHRA	15.00		19.10	26
27 PROSTATECTOMY			850.00	27
28 ELECTROSECTION OF PROSTATE			900.00	28
29 HYSTERECTOMY			701.80	29
30 EXTRACTION OF LENS			893.20	30
31 X-RAY CHEST	20.00		30.00	31
32 X-RAY SPINE	76.60		102.10	32
33 X-RAY HIP	25.50		31.90	33
34 X-RAY STOMACH	70.20		85.00	34
35 X-RAY COLON	76.60		75.00	35
36 COBALT			38.30	36
37 RADIOTHERAPY				37
38 HEMOGLOBIN	3.00		3.00	38
39 WHITE CELL COUNT	10.00		8.00	39
40 COMPLETE BLOOD COUNT	7.00		10.00	40
41 CHOLESTERAL BLOOD COUNT	5.00		5.00	41
42 HEMATOCRIT	5.00		5.00	42
43 PROTHROMBIN	6.00		5.00	43
44 SEDIMENTATION RATE	5.00		5.00	44
45 BLOOD SUGAR	5.00		5.00	45
46 BUN UREA NITRATE	5.00		5.00	46
47 PAP TEST	15.00		10.00	47
48 URINALYSIS	3.00		5.00	48
49 ELECTROCARDIOGRAM	21.20		25.00	49
50 ELECTROENCEPHALOGRAM	51.00		50.00	50

PROCEDURE DESCRIPTION	COMBINED	LOCALITY	DESIGNATION	
			SINGLE	
01 INITIAL LIMITED OFFICE VISIT	19.70			01
02 INITIAL COMP OFFICE VISIT	63.90			02
03 MINIMAL OFFICE VISIT	14.75			03
04 ROUTINE BRIEF OFFICE VISIT	9.80			04
05 ROUTINE BRIEF HOME VISIT	19.70			05
06 INITIAL BRIEF HOSPITAL VISIT	29.50			06
07 INITIAL COMP HOSPITAL VISIT	63.90			07
08 ROUTINE BRIEF HOSPITAL VISIT	9.80			08
09 BIOPSY SKIN	28.00			09
10 RADICAL MASTECTOMY	595.90			10
11 REDUCTION OF FRACTURE	701.00			11
12 ARTHOTOMY	21.00			12
13 NEEDLE PUNCTURE OF BURSA	21.00			13
14 BRONCHOSCOPY	140.20			14
15 THORACENTESIS	35.10			15
16 CATHETERIZATION	245.35			16
17 INSERTION OF PACEMAKER	560.80			17
18 BLOOD TRANSFUSION	17.50			18
19 COLECTOMY	630.90			19
20 APPENDECTOMY	280.40			20
21 SIGMOIDOSCOPY	35.10			21
22 HEMORRHOIDECTOMY	280.40			22
23 CHOLECYSTECTOMY	420.60			23
24 REPAIR HERNIA	245.40			24
25 CYSTOSCOPY	56.10			25
26 DILATION OF URETHRA	21.00			26
27 PROSTATECTOMY	560.80			27
28 ELECTROSECTION OF PROSTATE	560.80			28
29 HYSTERECTOMY	560.80			29
30 EXTRACTION OF LENS	560.80			30
31 X-RAY CHEST	16.80			31
32 X-RAY SPINE	28.60			32
33 X-RAY HIP	28.60			33
34 X-RAY STOMACH	84.20			34
35 X-RAY COLON	50.50			35
35 COBALT	14.10			36
37 RADIOTHERAPY	21.10			37
38 HEMOGLOBIN	4.20			38
39 WHITE CELL COUNT	4.20			39
40 COMPLETE BLOOD COUNT	11.00			40
41 CHOLESTERAL BLOOD COUNT	7.00			41
42 HEMATOCRIT	4.20			42
43 PROTHROMBIN	6.00			43
44 SEDIMENTATION RATE	4.00			44
45 BLOOD SUGAR	7.00			45
46 BUN UREA NITRATE	8.40			46
47 PAP TEST	7.00			47
48 URINALYSIS	5.00			48
49 ELECTROCARDIOGRAM	29.50			49
50 ELECTROENCEPHALOGRAM	70.00			50



## 1977 PREVAILING CHARGE SUMMARY DATA

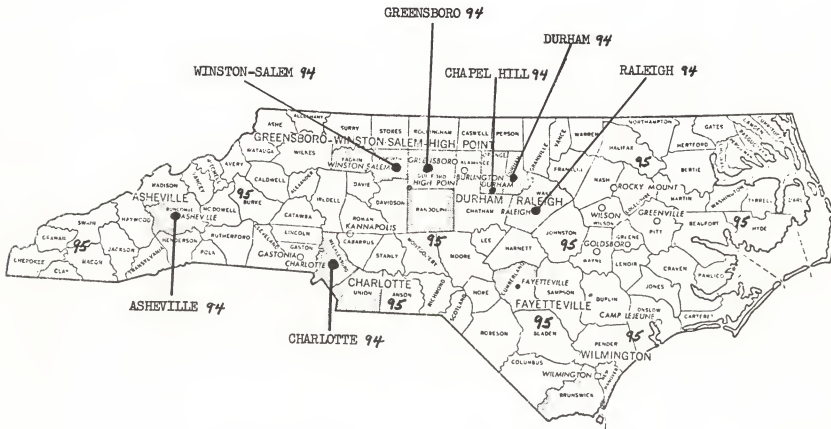
## GENESSEE VALLEY MEDICAL CARE

## NEW YORK

COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION	NEW YORK	
	COMBINED LOCALITY	DESIGNATION
		SINGLE
01 INITIAL LIMITED OFFICE VISIT		19.10
02 INITIAL COMP OFFICE VISIT		45.00
03 MINIMAL OFFICE VISIT		10.20
04 ROUTINE BRIEF OFFICE VISIT		12.00
05 ROUTINE BRIEF HOME VISIT		15.00
06 INITIAL BRIEF HOSPITAL VISIT		25.50*
07 INITIAL COMP HOSPITAL VISIT		102.00*
08 ROUTINE BRIEF HOSPITAL VISIT		17.85*
09 BIOPSY SKIN		23.10*
10 RADICAL MASTECTOMY		562.10*
11 REDUCTION OF FRACTURE		508.20*
12 ARTHOTMY		11.00
13 NEEDLE PUNCTURE OF BURSA		10.00
14 BRONCHOSCOPY		115.50*
15 THORACENTESIS		35.00
16 CATHETERIZATION		192.50*
17 INSERTION OF PACEMAKER		770.00*
18 BLOOD TRANSFUSION		12.00*
19 COLECTOMY		616.00*
20 APPENDECTOMY		269.50*
21 SIGMOIDOSCOPY		23.70*
22 HEMORRHOIDECTOMY		231.00*
23 CHOLECYSTECTOMY		423.50*
24 REPAIR HERNIA		254.10*
25 CYSTOSCOPY		12.00
26 DILATION OF URETHRA		577.50
27 PROSTATECTOMY		577.50*
28 ELECTROSECTION OF PROSTATE		500.50*
29 HYSTERECTOMY		577.50*
30 EXTRACTION OF LENS		18.70*
31 X-RAY CHEST		45.90*
32 X-RAY SPINE		35.70*
33 X-RAY HIP		62.90*
34 X-RAY STOMACH		62.90*
35 X-RAY COLON		
36 COBALT		
37 RADIOTHERAPY		
38 HEMOGLOBIN		3.00
39 WHITE CELL COUNT		3.00
40 COMPLETE BLOOD COUNT		7.40
41 CHOLESTERAL BLOOD COUNT		7.70
42 HEMATOCRIT		2.80
43 PROTHROMBIN		7.00
44 SEDIMENTATION RATE		3.90
45 BLOOD SUGAR		5.00
46 BUN UREA NITRATE		5.60
47 PAP TEST		8.90
48 URINALYSIS		6.30
49 ELECTROCARDIOGRAM		26.70
50 ELECTROENCEPHALOGRAM		69.00

## NORTH CAROLINA



Two Localities:

Area 9% - Charlotte, Durham, Greensboro, Winston-Salem, Raleigh,  
Asheville, Chapel Hill. ( Locality determined by the  
city cited in the return address.)

Area 95. - All other cities not listed above and all rural areas.

The carrier's Area 93 is a Statewide specialists' screen. However, internists and general surgeons are included in Areas 94 & 95.)



## 1977 PREVAILING CHARGE SUMMARY DATA

## PRUCENTIAL INSURANCE COMPANY

## NORTH CAROLINA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION		FOR GENERAL PRACTICE		LOCALITY DESIGNATION		FOR SPECIALIST	
	94	95	94	95	94	95	94	95
01 INITIAL LIMITED OFFICE VISIT	15.00	15.10	15.00	15.00	15.00	15.00		01
02 INITIAL COMP OFFICE VISIT	44.70	44.70	75.00	53.00				02
03 MINIMAL OFFICE VISIT	3.80	4.00	8.00	5.00				03
04 ROUTINE BRIEF OFFICE VISIT	10.00	8.00	11.00	10.00				04
05 ROUTINE BRIEF HOME VISIT	18.00	15.00	15.00	15.00				05
06 INITIAL BRIEF HOSPITAL VISIT	20.00	20.00	22.50	21.00				06
07 INITIAL COMP HOSPITAL VISIT	50.00	45.00	75.00	50.00				07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	12.00	11.20				08
09 BIOPSY SKIN	25.00	25.00	25.00	25.00				09
10 RADICAL MASTECTOMY	560.00	560.00	586.00	520.00				10
11 REDUCTION OF FRACTURE	680.00	680.00	720.00	664.00				11
12 ARTHOTMY	14.00	11.00	14.00	15.00				12
13 NEEDLE PUNCTURE OF BURSA	12.00	12.00	12.00	10.50				13
14 BRONCHOSCOPY	150.00	150.00	150.00	125.00				14
15 THORACENTESIS	21.00	21.00	30.00	31.90				15
16 CATHETERIZATION	250.00	250.00	250.00	250.00				16
17 INSERTION OF PACEMAKER	800.00	800.00	875.00	770.00				17
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00				18
19 COLECTOMY	640.00	640.00	720.00	600.00				19
20 APPENDECTOMY	320.00	320.00	320.00	325.00				20
21 SIGMOIDOSCOPY	20.00	20.00	25.00	25.00				21
22 HEMORRHOIDECTOMY	250.00	250.00	300.00	240.00				22
23 CHOLECYSTECTOMY	450.00	450.00	480.00	445.00				23
24 REPAIR HERNIA	280.00	280.00	300.00	280.00				24
25 CYSTOSCOPY	40.00	40.00	40.00	40.00				25
26 DILATION OF URETHRA	15.10	15.10	15.00	15.00				26
27 PROSTATECTOMY	640.00	612.50	640.00	640.00				27
28 ELECTROSECTION OF PROSTATE	640.00	585.00	640.00	640.00				28
29 HYSTERECTOMY	520.00	500.00	500.00	520.00				29
30 EXTRACTION OF LENS	560.00	520.00	560.00	560.00				30
31 X-RAY CHEST	6.00	6.00	6.00	6.00				31
32 X-RAY SPINE	11.00	10.00	11.00	11.00				32
33 X-RAY HIP	11.50	10.60	11.50	11.50				33
34 X-RAY STOMACH	21.00	19.50	21.00	21.00				34
35 X-RAY COLON	20.00	17.70	19.00	19.00				35
36 COBALT	18.00	16.75	18.00	18.00				36
37 RADIO THERAPY	15.00	14.70	15.00	15.00				37
38 HEMOGLOBIN	3.00	3.00	2.50	3.00				38
39 WHITE CELL COUNT	4.00	3.00	3.00	3.00				39
40 COMPLETE BLOOD COUNT	6.00	7.20	8.00	8.00				40
41 CHOLESTERAL BLOOD COUNT	6.00	6.00	5.50	6.00				41
42 HEMATOCRIT	3.00	2.80	2.50	3.00				42
43 PROTHROMBIN	5.00	5.00	6.00	5.00				43
44 SEDIMENTATION RATE	6.00	5.00	4.00	4.75				44
45 BLOOD SUGAR	5.00	5.00	6.00	6.00				45
46 BUN UREA NITRATE	6.00	6.00	6.00	7.00				46
47 PAP TEST	6.00	8.00	6.00	3.00				47
48 URINALYSIS	3.00	3.00	3.50	3.00				48
49 ELECTROCARDIOGRAM	15.00	15.00	17.00	17.00				49
50 ELECTROENCEPHALOGRAM	45.00	40.00	45.00	45.00				50

# NORTH DAKOTA



One Locality - Statewide

PROCEDURE DESCRIPTION	COMBINED LOCALITY DESIGNATION	
	SINGLE	
01 INITIAL LIMITED OFFICE VISIT	12.80	01
02 INITIAL COMP OFFICE VISIT	40.00	02
03 MINIMAL OFFICE VISIT	6.40	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	04
05 ROUTINE BRIEF HOME VISIT	13.50	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	06
07 INITIAL COMP HOSPITAL VISIT	61.30	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	08
09 BIOPSY SKIN	23.00	09
10 RADICAL MASTECTOMY	535.90	10
11 REDUCTION OF FRACTURE	560.00	11
12 ARTHOTMY	15.00	12
13 NEEDLE PUNCTURE OF BURSA	15.30	13
14 BRONCHOSCOPY	112.50	14
15 THORACENTESIS	23.00	15
16 CATHETERIZATION	268.00	16
17 INSERTION OF PACEMAKER	700.00	17
18 BLOOD TRANSFUSION	10.00	18
19 COLECTOMY	612.50	19
20 APPENDECTOMY	300.00	20
21 SIGMOIDOSCOPY	23.00	21
22 HEMORRHOIDECTOMY	229.70	22
23 CHOLECYSTECTOMY	459.40	23
24 REPAIR HERNIA	280.00	24
25 CYSTOSCOPY	35.00	25
26 DILATION OF URETHRA	21.00	26
27 PROSTATECTOMY	594.80	27
28 ELECTROSECTION OF PROSTATE	600.00	28
29 HYSTERECTOMY	535.90	29
30 EXTRACTION OF LENS	560.00	30
31 X-RAY CHEST	14.00	31
32 X-RAY SPINE	21.10	32
33 X-RAY HIP	25.50	33
34 X-RAY STOMACH	49.00	34
35 X-RAY COLON	40.80	35
36 COBALT	21.00	36
37 RADIOTHERAPY	22.00	37
38 HEMOGLOBIN	3.00	38
39 WHITE CELL COUNT	3.00	39
40 COMPLETE BLOOD COUNT	10.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	41
42 HEMATOCRIT	3.00	42
43 PROTHROMBIN	5.00	43
44 SEDIMENTATION RATE	4.50	44
45 BLOOD SUGAR	7.00	45
46 BUN UREA NITRATE	7.00	46
47 PAP TEST	7.50	47
48 URINALYSIS	3.75	48
49 ELECTROCARDIOGRAM	22.50	49
50 ELECTROENCEPHALOGRAM	50.00	50

# OHIO



## Fifteen Localities:

- 01 - Akron
- 02 - Cincinnati
- 03 - Cleveland
- 04 - Columbus
- 05 - Dayton
- 06 - Lima
- 07 - Mansfield
- 08 - Springfield

- 09 - Steubenville
- 10 - Toledo
- 11 - Youngstown
- 12 - Lake Plains
- 13 - Sandusky Valley
- 14 - Scioto Valley
- 15 - Ohio Valley

## 1977 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.

OHIO

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
	01	02	03	04	05	01	02	03	04	05
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	15.00	15.00	15.00	18.00	19.10	15.00	19.10	15.00
02 INITIAL COMP OFFICE VISIT	40.00	35.00	40.00	35.00	44.00	44.70	40.00	44.70	40.00	50.00
03 MINIMAL OFFICE VISIT	3.00	4.00	4.20	4.00	3.00	3.00	5.00	5.30	5.00	2.00
04 ROUTINE BRIEF OFFICE VISIT	10.00	8.90	8.90	8.90	8.90	12.00	11.00	12.00	12.00	12.00
05 ROUTINE BRIEF HOME VISIT	15.30	12.00	15.00	15.00	12.80	19.10	15.00	20.00	19.10	15.00
06 INITIAL BRIEF HOSPITAL VISIT	20.00	20.00	25.00	25.00	25.50	30.00	31.90	31.90	32.00	35.00
07 INITIAL COMP HOSPITAL VISIT	35.00	35.00	35.00	50.00	44.70	45.00	51.00	40.00	50.00	60.00
08 ROUTINE BRIEF HOSPITAL VISIT	11.00	10.00	10.00	10.00	10.00	12.80	12.80	12.80	12.00	15.00
09 BIOPSY SKIN	15.00	25.60	25.00	15.00	20.00	25.00	27.50	35.00	19.10	27.50
10 RADICAL MASTECTOMY	75.00	575.00	575.00	575.00	575.00	558.00	600.00	600.00	701.80	510.00
11 REDUCTION OF FRACTURE	510.40	510.40	510.40	510.40	510.40	612.50	638.00	638.00	574.20	638.00
12 ARTHOTOMY	15.30	15.00	19.10	12.80	15.00	19.10	18.00	19.10	15.00	15.30
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	18.00	18.00	18.00	20.40	12.80	15.00	12.80	12.80
14 BRONCHOSCOPY	127.00	127.60	127.60	127.60	127.60	100.00	127.60	150.00	140.40	125.00
15 THORACENTESIS	16.00	30.00	31.90	30.00	20.00	50.00	35.00	50.00	50.00	31.90
16 CATHETERIZATION	319.00	319.00	319.00	319.00	319.00	200.00	191.40	350.00	204.30	321.90
17 INSERTION OF PACEMAKER	765.60	765.60	765.60	765.60	765.60	574.20	574.20	574.20	574.20	574.20
18 BLOOD TRANSFUSION	13.00	13.20	12.80	12.00	13.20	13.20	13.20	13.20	13.20	13.20
19 COLECTOMY	625.00	638.00	625.00	625.00	625.00	600.00	650.00	700.00	750.00	600.00
20 APPENDECTOMY	250.00	250.00	250.00	250.00	250.00	319.00	319.00	300.00	300.00	319.00
21 SIGMOIDOSCOPY	25.00	25.00	25.00	25.00	20.00	31.90	25.00	31.90	25.00	25.00
22 HEMORRHOIDECTOMY	270.00	270.00	300.00	270.00	270.00	300.00	300.00	300.00	319.00	300.00
23 CHOLECYSTECTOMY	497.60	497.60	446.60	497.60	497.60	450.00	500.00	495.00	510.40	446.60
24 REPAIR HERNIA	280.00	287.10	225.20	287.00	287.10	310.00	319.00	300.00	287.10	287.10
25 CIRCUMCISION	50.00	50.00	50.00	50.00	50.00	44.70	44.70	50.00	45.00	63.80
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	12.80	12.80	19.10	19.10	12.80
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	550.00	550.00	638.00	600.00	663.50
28 ELECTROSECTION OF PROSTATE	446.60	450.00	650.00	446.60	446.60	568.00	574.20	574.20	574.20	640.00
29 HYSTERECTOMY	574.20	574.20	574.20	574.20	574.20	565.00	600.00	574.20	574.20	510.40
30 EXTRACTION OF LENS	550.00	550.00	550.00	500.00	550.00	500.00	638.00	600.00	500.00	510.40
31 X-RAY CHEST	15.00	15.00	15.00	15.00	17.00	18.00	15.00	12.00	16.00	15.00
32 X-RAY SPINE	20.00	25.00	28.10	32.80	28.00	25.00	20.00	25.50	25.00	20.00
33 X-RAY HIP	20.00	25.00	25.00	17.00	25.00	20.00	20.00	31.90	20.00	20.00
34 X-RAY STOMACH	31.90	45.00	33.70	35.00	31.90	44.70	36.00	44.00	40.00	38.30
35 X-RAY COLON	37.00	40.00	38.30	35.00	37.00	35.00	36.00	44.70	38.30	35.00
36 CDBALT	15.00	15.00	15.00	15.00	15.00	31.90	18.00	21.20	12.00	37.00
37 RADIO THERAPY	15.00	15.00	15.00	15.00	15.00	3.00	3.00	2.50	2.00	3.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	4.00	3.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	6.00	3.00	3.00	3.00	4.00	3.00
40 COMPLETE BLOOD COUNT	9.00	8.00	7.50	7.00	9.00	8.00	7.00	7.50	6.00	7.50
41 CHOLESTEROL BLOOD COUNT	7.00	6.00	5.00	6.00	7.00	6.00	7.00	5.00	5.00	6.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	6.00	3.00	3.00	3.00	4.00	3.00
43 PROTHROMBIN	5.00	5.00	5.00	6.00	8.00	5.00	6.00	5.00	5.00	7.00
44 SEDIMENTATION RATE	3.00	5.00	4.00	3.00	6.00	4.00	5.00	5.00	3.50	3.00
45 BLOOD SUGAR	6.00	6.00	5.00	6.00	6.00	5.00	5.00	5.00	5.00	6.00
46 BUN UREA NITRATE	8.00	5.25	5.00	6.00	6.00	7.00	6.00	5.00	5.00	7.00
47 PAP TEST	7.00	7.00	8.00	10.00	8.00	7.50	8.00	8.00	10.00	8.00
48 URINALYSIS	3.00	3.00	3.00	3.00	4.00	4.00	3.00	4.00	5.00	4.00
49 ELECTROCARDIOGRAM	19.10	16.00	20.00	19.10	19.10	19.10	18.00	19.10	19.10	20.00
50 ELECTROENCEPHALOGRAM	44.70	44.70	44.70	44.70	44.70	38.50	40.00	51.00	50.00	51.00

## 1977 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.

OHIO

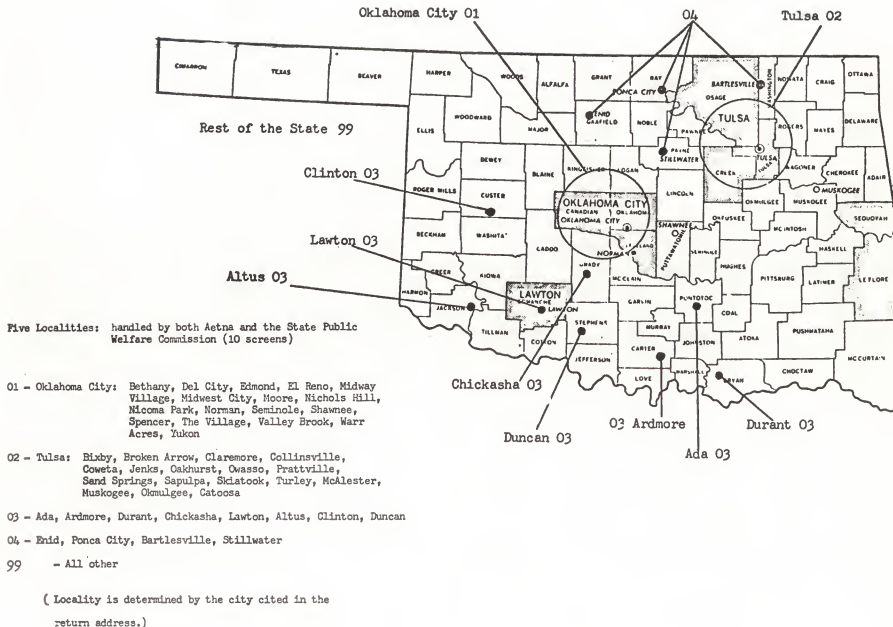
PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	06	07	08	09	10	06	07	08	09	10	
01 INITIAL LIMITED OFFICE VISIT	14.00	12.80	15.00	13.00	18.00	16.00	15.00	15.00	19.10	20.00	01
02 INITIAL COMP OFFICE VISIT	30.00	28.00	25.00	25.50	35.00	38.30	38.30	50.00	30.00	38.30	02
03 MINIMAL OFFICE VISIT	3.00	4.00	3.80	3.00	5.10	2.00	3.80	5.30	3.00	5.30	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	7.70	7.70	7.70	10.00	8.90	8.90	10.00	10.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	12.00	10.00	15.00	10.00	15.00	15.00	12.80	18.00	15.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	20.40	20.00	25.00	19.10	20.00	38.30	30.00	25.50	31.90	31.90	06
07 INITIAL COMP HOSPITAL VISIT	31.90	31.90	35.00	25.00	35.00	25.00	38.30	44.70	31.90	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	8.90	8.90	7.70	10.00	10.20	10.00	10.00	10.00	12.00	08
09 BIOPSY SKIN	19.10	19.10	19.10	19.90	19.10	27.50	27.50	31.90	27.50	20.00	09
10 RADICAL MASTECTOMY	575.00	575.00	575.00	575.00	575.00	594.00	446.60	600.00	540.00	574.20	10
11 REDUCTION OF FRACTURE	510.40	510.40	510.40	510.40	510.40	550.00	450.00	540.00	638.00	600.00	11
12 ARTHOTMY	12.80	12.80	15.00	15.00	16.60	18.00	19.10	15.00	20.00	15.30	12
13 NEEDLE PUNCTURE OF BURSA	18.00	18.00	18.00	18.00	18.00	12.80	12.80	12.80	12.80	12.80	13
14 BRONCHOSCOPY	127.60	127.60	127.60	127.60	127.60	126.70	127.60	125.00	127.60	127.60	14
15 THORACENTESIS	25.00	31.90	30.00	19.10	15.00	44.70	44.70	40.00	31.90	50.00	15
16 CATHETERIZATION	319.00	319.00	319.00	319.00	319.00	191.40	191.40	191.40	191.40	300.00	16
17 INSERTION OF PACEMAKER	765.60	765.60	765.60	765.60	765.60	574.20	574.20	574.20	574.20	574.20	17
18 BLOOD TRANSFUSION	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	18
19 COLECTOMY	625.00	625.00	625.00	625.00	625.00	612.00	638.00	525.00	540.00	638.00	19
20 APPENDECTOMY	250.00	250.00	250.00	250.00	250.00	300.00	300.00	300.00	319.00	300.00	20
21 SIGMOIDOSCOPY	30.00	22.00	25.00	25.00	15.00	40.00	31.90	20.00	25.00	31.90	21
22 HEMORRHOIDECTOMY	270.00	270.00	270.00	270.00	270.00	300.00	300.00	300.00	300.00	300.00	22
23 CHOLECYSTECTOMY	497.66	497.60	497.60	497.60	497.60	493.00	414.70	400.00	446.60	510.00	23
24 REPAIR HERNIA	275.00	287.10	287.10	287.10	287.10	306.00	255.20	250.00	236.10	287.10	24
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	50.00	31.90	63.80	50.00	35.00	50.00	25
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	12.80	12.80	20.00	15.30	16.00	26
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	500.00	600.00	27
28 ELECTROSECTION OF PROSTATE	446.60	446.60	444.60	446.60	613.00	510.40	510.40	510.40	510.40	638.00	28
29 HYSTERECTOMY	574.20	574.20	574.20	574.20	574.20	574.20	574.20	574.20	574.20	574.20	29
30 EXTRACTION OF LENS	550.00	550.00	550.00	550.00	550.00	450.00	550.00	446.60	510.30	574.20	30
31 X-RAY CHEST	15.00	12.00	15.30	15.00	15.30	9.60	6.00	7.70	15.00	12.00	31
32 X-RAY SPINE	19.10	19.10	19.10	19.10	25.00	25.50	12.80	25.50	20.00	21.70	32
33 X-RAY HIP	25.00	25.00	25.00	25.00	25.00	23.00	23.00	23.00	23.00	21.70	33
34 X-RAY STOMACH	31.90	31.90	31.90	31.90	31.90	18.00	40.00	40.00	31.00	35.00	34
35 X-RAY COLON	37.00	37.00	37.00	37.00	37.00	16.00	31.90	35.00	31.00	38.00	35
36 COBALT	15.00	15.00	15.00	15.00	15.00	14.00	14.00	14.00	14.00	15.00	36
37 RADIO THERAPY	15.00	15.00	15.00	15.00	15.00	25.60	23.00	23.00	15.00	23.00	37
38 HEMOGLOBIN	3.00	3.00	2.00	3.00	3.00	2.50	2.50	3.00	5.00	2.50	38
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	2.50	3.00	2.00	2.50	2.00	39
40 COMPLETE BLOOD COUNT	7.00	6.00	5.00	9.00	7.20	7.50	7.50	6.00	5.00	7.00	40
41 CHOLESTERAL BLOOD COUNT	4.00	6.00	10.00	6.25	5.00	6.00	6.00	6.00	5.00	5.00	41
42 HEMATOCRIT	2.50	2.00	2.00	2.00	3.00	2.50	2.00	2.00	4.00	2.00	42
43 PROTHROMBIN	5.00	4.00	6.00	4.00	6.00	5.00	8.00	4.00	4.00	5.00	43
44 SEDIMENTATION RATE	4.00	5.00	5.00	4.00	3.00	3.50	3.00	4.00	3.00	4.00	44
45 BLOOD SUGAR	5.00	5.00	5.00	5.00	4.00	5.00	4.50	4.00	5.00	3.50	45
46 BUN UREA NITRATE	6.00	5.00	4.00	7.00	4.00	6.00	5.00	7.00	5.00	5.00	46
47 PAP TEST	10.00	7.00	8.00	8.00	8.00	8.00	10.00	7.00	5.00	6.00	47
48 URINALYSIS	3.00	3.00	3.00	3.00	3.00	3.50	2.50	4.00	3.00	3.00	48
49 ELECTROCARDIOGRAM	19.10	15.00	19.10	20.00	19.10	20.00	15.00	18.00	20.00	19.10	49
50 ELECTROENCEPHALGRAM	44.70	44.70	44.70	44.70	44.70	51.00	51.00	51.00	51.00	30.00	50



	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
PROCEDURE DESCRIPTION	11	12	13	14	15	11	12	13	14	15	
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	15.00	15.00	12.80	19.10	15.00	19.10	19.10	15.00	01
02 INITIAL COMP OFFICE VISIT	35.00	30.00	30.00	30.00	30.00	35.00	35.00	40.00	50.00	30.00	02
03 MINIMAL OFFICE VISIT	2.00	3.00	3.00	3.00	5.00	5.00	3.00	5.10	5.00	2.00	03
04 ROUTINE BRIEF OFFICE VISIT	10.00	7.70	7.70	7.70	7.70	10.00	8.90	12.00	10.00	8.90	04
05 ROUTINE BRIEF HOME VISIT	15.00	10.00	12.80	12.00	12.50	15.00	15.00	19.10	12.80	10.00	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	25.00	20.00	19.10	19.10	25.50	25.50	31.90	30.00	35.00	06
07 INITIAL COMP HOSPITAL VISIT	50.00	35.00	30.00	40.00	30.00	50.00	44.70	60.00	51.00	38.30	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	8.90	7.70	7.70	8.90	10.20	11.50	15.00	12.00	10.00	08
09 BIOPSY SKIN	19.10	19.10	19.10	25.00	19.10	25.00	27.50	26.00	20.00	25.00	09
10 RADICAL MASTECTOMY	575.00	575.00	595.00	575.00	575.00	525.00	600.00	600.00	486.00	500.00	10
11 REDUCTION OF FRACTURE	510.40	510.40	400.00	510.40	510.40	574.20	638.00	625.00	585.00	720.00	11
12 ARTHOTOMY	19.10	15.00	12.80	19.10	15.00	19.10	10.20	15.00	19.10	19.10	12
13 NEEDLE PUNCTURE OF BURSA	25.00	18.00	18.00	18.00	18.00	12.80	12.80	12.80	12.80	12.80	13
14 BRONCHOSCOPY	150.00	127.60	127.60	127.60	127.50	127.60	127.60	127.60	127.60	127.70	14
15 THORACENTESIS	30.00	31.90	30.00	25.00	25.00	44.70	44.70	27.00	44.70	35.00	15
16 CATHETERIZATION	319.00	319.00	319.00	319.00	319.00	191.40	191.40	191.40	191.40	191.40	16
17 INSERTION OF PACEMAKER	765.60	765.60	765.50	765.60	765.60	574.20	574.20	574.20	574.20	574.20	17
18 BLOOD TRANSFUSION	13.20	25.00	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	18
19 COLECTOMY	600.00	625.00	625.00	614.00	625.00	638.00	476.00	600.00	500.00	574.20	19
20 APPENDECTOMY	250.00	250.00	250.00	250.00	250.00	300.00	300.00	300.00	300.00	300.00	20
21 SIGMOIDOSCOPY	25.50	25.00	19.10	19.10	19.10	30.00	20.00	20.00	25.00	20.00	21
22 HEMORRHOIDECTOMY	270.00	270.00	270.00	270.00	270.00	300.00	300.00	300.00	191.40	200.00	22
23 CHOLECYSTECTOMY	450.00	497.60	500.00	497.60	497.60	475.00	375.00	400.00	435.20	450.00	23
24 REPAIR HERNIA	225.20	287.10	287.10	287.10	265.00	319.00	252.00	255.20	270.00	287.10	24
25 CYSTOSCOPY	50.00	30.00	50.00	50.00	50.00	75.00	25.00	50.00	60.00	35.00	25
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	15.00	24.50	15.00	15.00	12.80	26
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	525.00	540.00	27
28 ELECTROSECTION OF PROSTATE	466.60	490.00	446.60	446.60	446.60	613.50	560.00	612.50	495.00	600.00	28
29 HYSTERECTOMY	574.20	574.20	574.20	574.20	574.20	625.00	574.20	574.20	574.20	574.20	29
30 EXTRACTION OF LENS	550.00	550.00	550.00	550.00	550.00	550.00	446.60	550.00	510.40	478.50	30
31 X-RAY CHEST	20.00	15.30	15.00	15.00	15.00	21.70	9.60	13.00	10.00	10.00	31
32 X-RAY SPINE	28.10	19.10	19.10	18.00	23.50	20.00	25.50	26.60	20.00	25.00	32
33 X-RAY HIP	21.00	25.00	25.00	25.00	25.00	23.00	23.00	18.00	23.00	23.00	33
34 X-RAY STOMACH	31.90	31.90	31.90	31.90	35.00	50.60	40.00	38.00	40.00	25.00	34
35 X-RAY COLON	37.00	37.00	37.00	37.00	51.50	43.75	38.30	32.00	38.30	25.00	35
36 COBALT	15.00	15.00	15.00	15.00	15.00	12.80	14.50	12.80	14.00	10.00	36
37 RADIO THERAPY	15.00	15.00	15.00	15.00	15.00	19.10	17.00	23.00	15.00	23.00	37
38 HEMOGLOBIN	5.00	2.00	5.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	38
39 WHITE CELL COUNT	5.00	3.00	3.00	3.00	3.00	3.00	2.00	2.00	3.00	2.00	39
40 COMPLETE BLOOD COUNT	8.00	8.00	8.50	6.00	6.00	7.00	10.00	7.00	8.00	7.00	40
41 CHOLESTERAL BLOOD COUNT	6.50	5.00	7.50	6.00	6.00	6.00	6.00	6.00	5.00	5.00	41
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	5.00	2.00	2.00	3.00	2.00	42
43 PROTHROMBIN	5.00	8.00	5.00	4.00	5.00	5.00	5.00	4.50	5.00	4.00	43
44 SEDIMENTATION RATE	5.00	3.00	5.00	3.00	5.00	3.00	3.00	4.00	3.00	3.00	44
45 BLOOD SUGAR	5.20	4.00	8.00	6.00	6.00	5.00	4.00	5.00	5.00	5.00	45
46 BUN UREA NITRATE	6.00	5.00	6.00	6.00	5.00	6.00	6.00	5.00	3.50	5.00	46
47 PAP TEST	10.00	10.00	8.00	7.00	15.00	10.00	8.00	7.00	6.00	6.00	47
48 URINALYSIS	3.00	3.00	3.00	3.00	3.00	4.00	3.00	3.00	3.00	3.00	48
49 ELECTROCARDIOGRAM	25.00	20.00	19.80	20.00	20.00	20.00	22.00	20.00	19.10	16.60	49
50 ELECTROENCEPHALOGRAM	44.70	44.70	44.70	44.70	44.70	45.00	51.00	40.00	51.00	51.00	50



# OKLAHOMA



## 1977 PREVAILING CHARGE SUMMARY DATA

## AETNA LIFE AND CASUALTY

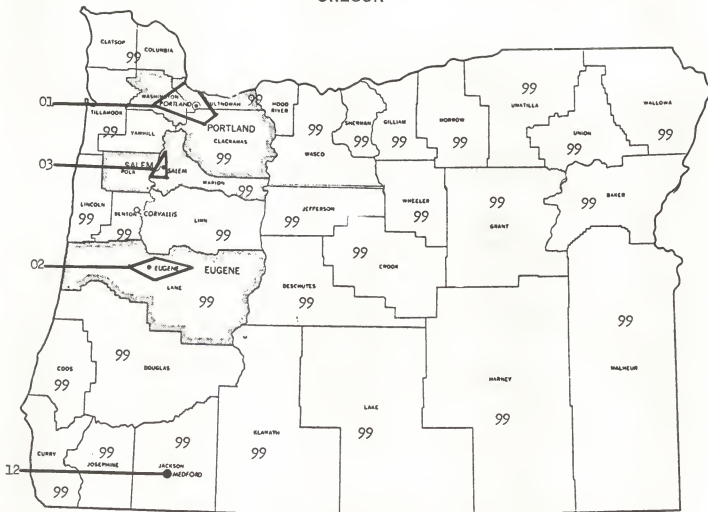
## OKLAHOMA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	01	02	03	04	99	01	02	03	04	99	
01 INITIAL LIMITED OFFICE VISIT	15.00	11.00	12.00	10.00	10.00	20.00	16.75	15.00	15.00	15.30	01
02 INITIAL COMP OFFICE VISIT	35.00	31.90	35.00	6.40	35.00	44.70	56.00	51.00	50.00	31.90	02
03 MINIMAL OFFICE VISIT	5.10	3.00	5.10	3.00	5.00	5.90	4.00	5.00	6.00	5.10	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	7.70	6.40	7.70	6.40	10.00	12.00	8.50	7.70	6.40	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.80	10.00	12.80	10.00	19.10	19.10	12.50	19.10	10.00	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	25.00	19.10	19.10	19.10	35.00	35.00	25.00	25.50	30.00	06
07 INITIAL COMP HOSPITAL VISIT	44.70	50.00	38.30	44.70	35.00	50.00	56.00	51.00	50.00	44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	8.90	8.90	10.00	12.80	12.80	12.00	12.00	10.20	08
09 BIOPSY SKIN	20.00	25.00	19.10	15.30	19.10	20.70	35.00	25.00	25.00	25.00	09
10 RADICAL MASTECTOMY	510.40	482.30	510.40	510.40	446.60	638.00	630.00	550.00	606.10	482.30	10
11 REDUCTION OF FRACTURE	701.80	701.80	701.80	701.80	701.80	701.80	701.80	701.80	701.80	701.80	11
12 ARTHOTOMY	13.00	12.80	12.80	13.00	13.20	13.50	18.00	15.30	18.00	18.50	12
13 NEEDLE PUNCTURE OF BURSA	15.00	12.80	12.80	12.80	10.00	22.00	22.00	15.00	22.00	22.00	13
14 BRONCHOSCOPY	150.00	150.00	150.00	150.00	150.00	115.00	103.40	103.40	103.40	120.00	14
15 THORACENTESIS	31.90	31.90	31.90	31.90	25.00	31.90	25.00	25.00	25.00	25.00	15
16 CATHETERIZATION	350.00	350.00	350.00	350.00	350.00	255.20	350.00	255.20	255.20	255.20	16
17 INSERTION OF PACEMAKER	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	17
18 BLOOD TRANSFUSION	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40	18
19 COLECTOMY	551.20	600.00	600.00	600.00	600.00	630.00	650.00	615.00	575.00	612.50	19
20 APPENDECTOMY	255.20	300.00	280.00	275.60	255.20	350.90	382.80	319.00	300.00	300.00	20
21 SIGMOIDOSCOPY	30.00	25.00	19.10	35.00	25.00	25.50	25.00	20.60	30.00	19.10	21
22 HEMORRHOIDECTOMY	206.70	250.00	250.00	191.40	191.40	300.00	240.00	220.50	287.10	287.10	22
23 CHOLECYSTECTOMY	450.00	510.40	400.00	435.00	440.00	478.50	500.00	459.40	446.60	446.60	23
24 REPAIR HERNIA	255.20	255.20	250.00	287.10	250.00	310.00	315.00	287.10	300.00	280.00	24
25 CYSTOSCOPY	38.30	38.30	38.30	38.30	38.30	35.00	38.30	31.90	40.00	38.30	25
26 DILATION OF URETHRA	14.10	14.10	14.10	14.10	14.10	15.00	14.10	13.20	12.80	14.10	26
27 PROSTATECTOMY	510.40	510.40	510.40	510.40	510.40	574.20	714.60	638.00	638.00	638.00	27
28 ELECTROSECTION OF PROSTATE	600.00	600.00	600.00	600.00	551.20	574.20	605.00	510.40	561.40	574.20	28
29 HYSTERECTOMY	446.60	480.00	480.00	480.00	446.60	574.20	600.00	550.00	450.00	574.20	29
30 EXTRACTION OF LENS	510.40	510.40	510.40	510.40	510.40	500.00	510.40	510.40	500.00	510.40	30
31 X-RAY CHEST	15.00	15.00	15.00	18.00	15.00	12.00	16.00	12.00	17.50	15.00	31
32 X-RAY SPINE	25.00	25.00	16.50	25.50	25.00	25.40	25.00	15.30	25.00	25.00	32
33 X-RAY HIP	19.10	21.00	21.00	21.00	21.00	21.25	21.25	21.25	21.25	21.25	33
34 X-RAY STOMACH	40.50	44.70	31.90	38.30	48.00	38.30	42.00	35.00	44.70	40.00	34
35 X-RAY COLON	40.00	44.70	44.70	44.70	42.00	34.50	38.30	38.00	51.00	38.00	35
36 COBALT	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	36
37 RADIO THERAPY	22.00	22.00	22.00	22.00	22.00	22.00	19.10	22.00	22.00	22.00	37
38 HEMOGLOBIN	4.00	3.00	3.00	3.50	4.00	3.00	3.00	2.50	2.00	2.50	38
39 WHITE CELL COUNT	5.00	5.00	3.00	3.00	4.00	4.00	4.50	4.00	2.50	3.00	39
40 COMPLETE BLOOD COUNT	7.00	10.00	8.00	8.00	7.00	8.00	7.50	9.50	8.00	5.90	40
41 CHOLESTERAL BLOOD COUNT	6.00	8.00	6.00	7.00	6.00	7.50	7.00	7.00	5.00	7.25	41
42 HEMATOCRIT	3.00	3.00	2.50	3.25	3.00	3.50	4.50	2.00	3.00	2.50	42
43 PROTHROMBIN	5.25	6.00	6.00	5.00	6.00	5.00	6.00	5.00	5.00	8.00	43
44 SEDIMENTATION RATE	5.00	6.00	6.00	5.00	5.00	5.00	4.30	4.00	5.00	4.60	44
45 BLOOD SUGAR	6.00	7.00	6.00	6.00	6.00	6.00	6.00	6.00	5.00	6.60	45
46 BUN UREA NITRATE	6.00	7.00	7.00	10.00	6.00	7.50	7.00	7.00	7.00	7.00	46
47 PAP TEST	10.00	10.00	10.00	10.00	10.00	8.50	10.00	10.00	8.50	12.00	47
48 URINALYSIS	5.00	5.00	4.00	4.00	4.00	5.50	4.00	4.00	4.00	4.00	48
49 ELECTROCARDIOGRAM	19.10	19.10	17.25	19.10	18.00	18.00	19.10	15.00	19.10	15.00	49
50 ELECTROENCEPHALOGRAM	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	O1	O2	O3	O4	99	O1	O2	O3	O4	99	
01 INITIAL LIMITED OFFICE VISIT	15.00	11.00	12.00	10.00	10.00	20.00	16.75	15.00	15.00	15.30	01
02 INITIAL COMP OFFICE VISIT	35.67	31.90	35.00	6.40	35.00	44.70	56.00	51.00	50.00	31.90	02
03 MINIMAL OFFICE VISIT	5.10	3.00	5.10	3.00	5.00	5.90	4.00	5.00	6.00	5.10	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	7.70	6.40	7.70	6.40	10.00	12.00	8.50	7.70	6.40	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.80	10.00	12.80	10.00	19.10	19.10	12.50	19.10	10.00	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	25.00	19.10	19.10	19.10	35.00	35.00	25.00	25.50	30.00	06
07 INITIAL COMP HOSPITAL VISIT	44.70	50.00	38.30	44.70	35.00	50.00	56.00	51.00	50.00	44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	8.90	8.90	10.00	12.80	12.80	12.00	12.00	10.20	08
09 BIOPSY SKIN	20.00	25.00	19.10	15.30	19.10	20.70	35.00	25.00	25.00	25.00	09
10 RADICAL MASTECTOMY	510.40	482.30	510.40	510.40	446.60	638.00	630.00	550.00	606.10	462.30	10
11 REDUCTION OF FRACTURE	701.80	701.80	701.80	701.80	701.80	701.80	701.80	701.80	701.80	701.80	11
12 ARTHOTOMY	13.00	12.80	12.80	13.00	13.20	13.50	18.00	15.30	18.00	18.50	12
13 NEEDLE PUNCTURE OF BURSA	16.00	12.80	12.80	12.80	10.00	22.00	22.00	15.00	22.00	22.00	13
14 BRONCHOSCOPY	150.00	150.00	150.00	150.00	150.00	115.00	103.40	103.40	103.40	122.00	14
15 THORACENTESIS	31.90	31.90	31.90	31.90	25.00	31.90	25.00	25.00	25.00	25.00	15
16 CATHETERIZATION	350.00	350.00	350.00	350.00	350.00	255.20	350.00	255.20	255.20	255.20	16
17 INSERTION OF PACEMAKER	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	17
18 BLOOD TRANSFUSION	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40	18
19 COLECTOMY	551.20	600.00	600.00	600.00	600.00	630.00	650.00	615.00	575.00	612.50	19
20 APPENDECTOMY	255.20	300.00	280.00	275.60	255.20	350.90	382.80	319.00	300.00	300.00	20
21 SIGMOIDOSCOPY	30.00	25.00	19.10	35.00	25.00	25.50	25.00	20.60	30.00	19.10	21
22 HEMORRHOIDECTOMY	206.70	250.00	250.00	191.40	191.40	300.00	240.00	220.50	287.10	287.10	22
23 CHOLECYSTECTOMY	450.00	510.40	400.00	435.00	440.00	478.50	500.00	459.40	446.60	446.60	23
24 REPAIR HERNIA	255.20	255.20	250.00	287.10	250.00	310.00	315.00	287.10	300.00	280.00	24
25 CYSTOSCOPY	38.30	38.30	38.30	38.30	38.30	35.00	38.30	31.90	40.00	38.30	25
26 DILATION OF URETHRA	14.10	14.10	14.10	14.10	14.10	15.00	14.10	13.20	12.80	14.10	26
27 PROSTATECTOMY	510.40	510.40	510.40	510.40	510.40	574.20	714.60	638.00	638.00	638.00	27
28 ELECTROSECTION OF PROSTATE	600.00	600.00	600.00	600.00	551.20	574.20	605.00	510.40	561.40	574.20	28
29 HYSTERECTOMY	446.60	480.00	480.00	480.00	446.60	574.20	600.00	550.00	450.00	574.20	29
30 EXTRACTION OF LENS	510.40	510.40	510.40	510.40	510.40	500.00	510.40	510.40	500.00	510.40	30
31 X-RAY CHEST	15.00	15.00	15.00	18.00	15.00	12.00	16.00	12.00	17.50	15.00	31
32 X-RAY SPINE	25.00	25.00	16.50	25.00	25.00	25.40	25.00	15.30	25.00	25.00	32
33 X-RAY HIP	19.10	21.00	21.00	21.00	21.00	21.25	21.25	21.25	21.25	21.25	33
34 X-RAY STOMACH	40.50	44.70	31.90	38.30	48.00	38.30	42.00	35.00	44.70	40.00	34
35 X-RAY COLON	40.00	44.70	44.70	44.70	42.00	34.50	38.30	38.00	51.00	38.00	35
36 COBALT	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	19.10	36
37 RADIO THERAPY	22.00	22.00	22.00	22.00	22.00	22.00	19.10	22.00	22.00	22.00	37
38 HEMOGLOBIN	4.00	3.00	3.00	3.50	4.00	3.00	3.00	2.50	2.00	2.50	38
39 WHITE CELL COUNT	5.00	5.00	3.00	3.00	4.00	4.00	4.50	4.00	2.50	3.00	39
40 COMPLETE BLOOD COUNT	7.00	10.00	8.00	8.00	7.00	8.00	7.50	9.50	8.00	5.90	40
41 CHOLESTERAL BLOOD COUNT	6.00	8.00	6.00	7.00	6.00	7.50	7.00	7.00	5.00	7.25	41
42 HEMATOCRIT	3.00	3.00	2.50	3.25	3.00	3.50	4.50	2.00	3.00	2.50	42
43 PROTHROMBIN	5.25	6.00	6.00	5.00	6.00	5.00	6.00	5.00	5.00	8.00	43
44 SEDIMENTATION RATE	5.00	6.00	6.00	5.00	5.00	5.00	4.30	4.00	5.00	4.60	44
45 BLOOD SUGAR	6.00	7.00	6.00	6.00	6.00	6.00	6.00	6.00	5.00	6.60	45
46 BUN UREA NITRATE	6.00	7.00	7.00	10.00	6.00	7.50	7.00	7.00	7.00	7.00	46
47 PAP TEST	10.00	10.00	10.00	10.00	10.00	8.50	10.00	10.00	8.50	12.00	47
48 URINALYSIS	5.00	5.00	4.00	4.00	4.00	5.50	4.00	4.00	4.00	4.00	48
49 ELECTROCARDIOGRAM	19.10	19.10	17.25	19.10	18.00	18.00	19.10	15.00	19.10	15.00	49
50 ELECTROENCEPHALOGRAM	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50

OREGON

# OREGON



## Five Localities:

01 - Portland - Aloha, Battin, Beaverton, Cedar Hills, Collins View, Powellhurst, Raleigh Hills, Riverdale, Robin Wood, Sandy, Sylvan, Errol Heights, Garden Home, Gilbert, Gladstone, Glendoveer, Gresham, Hazelwood, Hillsboro, Jennings Lodge, Kelly Butte, Lake Oswego, Marlene Village, Metzger, Milwaukee, Oakgrove, Oregon City, Parkrose, Tigard, West Linn, West Portland, West Portland Park, West Powellhurst, West Slope

02 - Eugene - Glenwood, River Road, Santa Clara, Springfield, Veneta, Coos Bay and Roseburg

03 - Salem - Four Corners, Hayesville, Keizer, Corvallis, Albany, Lebanon

12 - Medford, Klamath Falls, Grant's Pass

99 - Rest of State

(Locality determined by city cited in return address.)

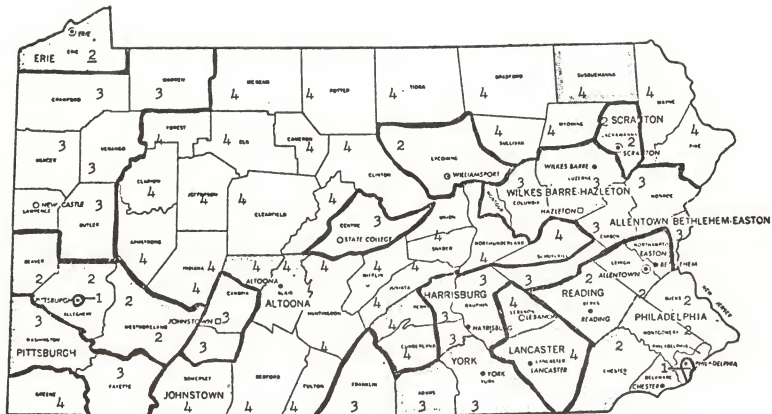
## 1977 PREVAILING CHARGE SUMMARY DATA

## AETNA LIFE AND CASUALTY

## OREGON

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	01	02	03	12	99	01	02	03	12	99	
01 INITIAL LIMITED OFFICE VISIT	12.50	12.80	12.00	12.80	12.00	12.50	12.80	12.80	12.00	12.80	01
02 INITIAL COMP OFFICE VISIT	44.70	44.70	44.70	25.00	42.00	51.00	51.00	44.70	38.30	44.70	02
03 MINIMAL OFFICE VISIT	6.40	5.10	5.00	6.40	5.10	6.00	5.10	5.00	5.10	6.00	03
04 ROUTINE BRIEF OFFICE VISIT	9.60	10.20	8.90	9.90	8.00	11.00	10.20	10.00	10.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	18.00	19.10	15.00	12.80	19.10	19.10	15.00	15.30	18.00	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	19.10	19.10	19.50	19.10	19.10	19.10	19.10	19.10	19.10	06
07 INITIAL COMP HOSPITAL VISIT	44.70	44.70	44.70	49.80	44.70	51.00	51.50	50.50	40.00	44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	9.60	9.60	8.90	8.90	8.90	12.00	12.80	11.00	10.00	10.90	08
09 BIOPSY SKIN	25.00	9.60	25.50	20.00	25.50	26.00	19.10	23.40	12.80	22.75	09
10 RADICAL MASTECTOMY	138.40	535.90	535.90	574.20	535.90	638.00	612.00	510.40	597.20	574.20	10
11 REDUCTION OF FRACTURE	714.60	714.60	714.60	714.60	714.60	765.60	714.60	714.60	714.60	714.60	11
12 ARTHOTMY	15.80*	14.60*	15.60*	15.80*	15.40*	16.80*	16.80*	16.80*	18.20*	17.60*	12
13 NEEOLE PUNCTURE OF BURSA	15.80*	14.60*	15.60*	15.80*	15.40*	16.80*	17.40*	14.60*	15.80*	15.80*	13
14 BRONCHOSCOPY	135.00	135.00	135.00	135.00	135.00	127.60	116.80	108.50	127.60	146.70	14
15 THORACENTESIS	25.50	25.00	25.00	25.00	25.00	40.00	23.40	23.40	35.00	25.50	15
16 CATHETERIZATION	255.20	255.20	255.20	255.20	255.20	255.20	255.20	255.20	255.20	255.70	16
17 INSERTION OF PACEMAKER	660.00	660.00	660.00	660.00	660.00	660.00	660.00	660.00	660.00	660.00	17
18 BLOOD TRANSFUSION	15.80*	14.60*	15.60*	15.80*	15.40*	16.80*	17.40*	14.60*	15.80*	15.80*	18
19 COLECTOMY	638.00	638.00	638.00	638.00	600.00	663.50	622.70	574.20	612.50	594.00	19
20 APPENDECTOMY	319.00	319.00	319.00	319.00	319.00	357.30	338.10	338.10	311.30	308.75	20
21 SIGMOIDOSCOPY	23.70*	21.90*	23.40*	23.70*	23.10*	25.70*	26.10*	21.90*	23.70*	23.70*	21
22 HEMORRHOIDECTOMY	250.00	250.00	250.00	250.00	250.00	245.00	233.50	210.50	233.50	245.00	22
23 CHOLECYSTECTOMY	446.60	459.40	459.40	459.40	459.40	510.40	522.00	446.60	459.40	455.00	23
24 REPAIR HERNIA	275.00	272.40	287.10	268.00	287.10	319.00	315.00	255.20	268.00	297.00	24
25 CYSTOSCOPY	39.50*	36.50*	39.00*	39.50*	38.50*	39.00*	35.00*	37.50*	39.00*	39.00*	25
26 DILATION OF URETHRA	23.70*	21.90*	23.40*	23.70*	23.10*	23.40*	21.00*	22.50*	23.40*	23.40*	26
27 PROSTATECTOMY	612.50	612.50	612.50	612.50	612.50	612.50	561.40	612.50	612.50	612.50	27
28 ELECTROSECTION OF PROSTATE	632.90	632.90	632.90	632.90	632.90	663.50	561.40	632.90	612.50	612.50	28
29 HYSTERECTOMY	574.20	574.20	574.70	574.20	574.20	574.20	612.50	574.70	574.20	574.20	29
30 EXTRACTION OF LENS	630.00	630.00	630.00	630.00	630.00	600.00	600.00	638.00	612.50	606.10	30
31 X-RAY CHEST	15.00	16.00	13.00	13.20	15.00	12.80	13.50	15.30	15.30	15.30	31
32 X-RAY SPINE	23.00	23.10	23.50	21.10	19.25	23.00	21.10	25.50	25.50	25.50	32
33 X-RAY HIP	20.00	22.30	22.30	22.30	21.70	22.00	22.00	22.00	22.00	22.00	33
34 X-RAY STOMACH	45.90	41.50	48.50	45.90	44.70	44.70	48.50	48.50	48.50	48.50	34
35 X-RAY COLON	40.00	28.70	43.00	40.00	39.50	44.70	35.10	44.70	35.10	44.70	35
36 COBALT	21.10	21.10	21.10	21.10	21.10	21.10	21.10	21.10	21.10	21.10	36
37 RADIOTHERAPY	36.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	37
38 HEMOGLOBIN	3.50	3.50	3.50	3.50	3.00	7.50	3.75	3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.50	3.00	3.50	3.00	2.50	3.25	3.75	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.50	12.00	8.50	8.50	8.50	7.50	10.50	8.40	9.30	8.50	40
41 CHOLESTEROL BLOOD COUNT	7.00	6.25	7.50	6.50	7.50	6.50	7.50	7.00	7.70	7.50	41
42 HEMATOCRIT	3.50	3.00	3.00	2.50	3.50	3.50	3.50	2.80	3.00	3.00	42
43 PROTHROMBIN	7.00	8.00	5.00	6.00	6.40	6.00	6.80	6.00	5.50	5.60	43
44 SEDIMENTATION RATE	3.50	6.50	4.20	4.50	4.00	4.00	5.00	3.00	4.90	5.30	44
45 BLOOD SUGAR	7.00	9.00	6.00	7.50	6.50	6.00	9.00	6.00	7.00	7.00	45
46 BUN UREA NITRATE	7.00	10.00	6.00	8.00	7.70	7.00	10.00	5.50	7.70	7.70	46
47 PAP TEST	8.25	10.50	7.00	9.00	10.00	8.00	10.00	10.75	8.00	8.00	47
48 URINALYSIS	4.00	5.50	4.20	4.50	4.00	4.00	5.50	4.50	4.50	4.00	48
49 ELECTROCARDIOGRAM	20.00	19.10	21.00	22.50	19.50	19.10	22.75	47.90	20.00	20.00	49
50 ELECTROENCEPHALOGRAM	51.00	51.00	51.00	51.00	51.00	50.00	47.90		47.90	47.90	50

# PENNSYLVANIA



## Four Localities:

- 01 - Areas of Medical Schools/Specialty Hospitals
- 02 - Major Metropolitan Areas
- 03 - Lesser Metropolitan Areas
- 04 - Urban Areas

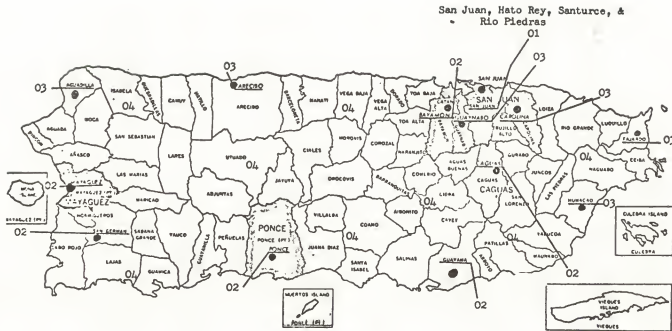
Note exceptions for Pittsburgh and Philadelphia in Appendix A



## 1977 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S

## PENNSYLVANIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	1	2	3	4	1	2	3	4	
01 INITIAL LIMITED OFFICE VISIT	12.00	12.00	10.00	10.00	15.00	15.00	13.00	11.00	01
02 INITIAL COMP OFFICE VISIT	31.90	35.00	20.00	25.00	50.00	50.00	35.00	35.00	02
03 MINIMAL OFFICE VISIT									03
04 ROUTINE BRIEF OFFICE VISIT	10.00	9.00	8.00	8.00	11.00	10.00	10.00	8.00	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.80	12.00	10.00	12.80	12.80	12.80	10.00	05
06 INITIAL BRIEF HOSPITAL VISIT	35.00	31.90	25.00	30.00	35.00	35.00	35.00	30.00	06
07 INITIAL COMP HOSPITAL VISIT	44.70	35.00	38.30	30.00	50.00	50.00	44.70	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	8.00	7.00	12.00	12.00	12.00	8.00	08
09 BIOPSY SKIN									09
10 RADICAL MASTECTOMY	600.00	574.20	574.20	574.20	600.00	600.00	510.40	500.00	10
11 REDUCTION OF FRACTURE	600.00	600.00	600.00	600.00	800.00	750.00	587.00	638.00	11
12 ARTHOTOMY	15.00	20.00	19.10	18.00	20.00	20.00	20.00	15.00	12
13 NEEDLE PUNCTURE OF BURSA									13
14 BRONCHOSCOPY	150.00	150.00	150.00	150.00	108.00	127.60	125.00	125.00	14
15 THORACENTESIS	30.00	30.00	25.00	30.00	85.00	50.00	63.80	50.00	15
16 CATHETERIZATION	500.00	500.00	500.00	500.00	550.00	500.00	575.00	525.00	16
17 INSERTION OF PACEMAKER	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	17
18 BLOOD TRANSFUSION	22.00	22.00	10.00	12.00	10.00	10.00	10.00	10.00	18
19 COLECTOMY	400.00	400.00	400.00	400.00	800.00	765.60	600.00	600.00	19
20 APPENDECTOMY	240.00	240.00	240.00	175.00	319.00	287.10	268.00	255.20	20
21 SIGMOIDOSCOPY	25.00	20.00	25.00	25.00	40.00	31.90	31.90	30.00	21
22 HEMORRHOIDECTOMY	150.00	150.00	150.00	150.00	255.20	255.20	210.50	200.00	22
23 CHOLECYSTECTOMY	382.80	400.00	350.00	350.00	510.40	446.60	446.60	400.00	23
24 REPAIR HERNIA	255.20	255.20	175.00	234.00	319.00	319.00	255.20	250.00	24
25 CYSTOSCOPY	63.80	63.80	63.80	50.00	55.00	55.00	55.00	45.00	25
26 DILATION OF URETHRA	12.80	19.10	12.80	8.00	17.00	15.00	11.00	10.00	26
27 PROSTATECTOMY	560.00	560.00	560.00	560.00	638.00	638.00	480.00	520.00	27
28 ELECTROSECTION OF PROSTATE	600.00	600.00	600.00	600.00	605.00	600.00	561.40	560.00	28
29 HYSTERECTOMY	446.60	478.50	446.60	446.60	574.20	574.20	500.00	500.00	29
30 EXTRACTION OF LENS	450.00	510.40	574.20	542.30	600.00	574.20	500.00	550.00	30
31 X-RAY CHEST	25.00	25.00	20.00	25.00	27.00	26.00	22.00	20.00	31
32 X-RAY SPINE	45.00	35.00	44.70	44.70	44.70	40.00	44.70	35.00	32
33 X-RAY HIP	20.00	25.00	25.00	25.00	25.50	20.00	20.00	15.00	33
34 X-RAY STOMACH	40.00	50.00	40.00	40.00	60.00	55.00	50.00	44.70	34
35 X-RAY COLON	35.00	40.00	40.00	40.00	57.40	44.70	44.70	35.00	35
36 COBALT	25.00	23.60	24.90	22.70	37.50	20.00	20.00	10.00	36
37 RADIOGRAPHY	25.00	25.00	25.00	25.00	25.00	25.00	16.00	20.00	37
38 HEMOGLOBIN	3.00	3.00	2.50	2.00	3.00	3.00	3.00	2.00	38
39 WHITE CELL COUNT	2.50	3.80	1.50	3.00	2.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	8.00	6.00	6.50	7.50	7.50	7.00	6.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	7.00	5.00	5.00	6.00	6.00	6.00	5.00	41
42 HEMATOCRIT	3.00	3.00	3.00	2.50	3.00	3.00	2.50	3.00	42
43 PROTHROMBIN	7.00	6.00	5.00	5.00	5.00	6.00	5.00	4.00	43
44 SEDIMENTATION RATE	5.00	5.00	4.00	4.00	5.00	5.00	5.00	6.00	44
45 BLOOD SUGAR	5.00	6.00	5.00	5.00	5.00	5.00	5.00	5.00	45
46 BUN UREA NITRATE	5.00	6.00	6.00	5.00	5.00	6.00	6.00	4.00	46
47 PAP TEST	15.00	10.00	15.00	15.00	10.00	8.00	8.25	10.00	47
48 URINALYSIS	4.00	4.00	3.00	3.00	4.00	4.00	3.00	3.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	20.00	22.50	22.00	25.00	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH	55.00	55.00	55.00	55.00	50.00	55.00	50.00	50.00	50

**PUERTO RICO**

PUERTO RICO

Four Localities:

- 01 Cities of San Juan, Hato Rey, Santurce, Rio Piedras  
(San Juan Metropolitan area)
- 02 Cities of Ponce, Mayaguez, San German, Bayamon, Caguas, Guayama
- 03 Cities of Arecibo, Humacao, Aguadilla, Fajardo, Carolina  
and Guaynabo
- 04 The rest of the towns in Puerto Rico

VIRGIN ISLANDS

(Locality is determined by the city cited in the return address.)

One Locality - Too small for separate screens. Handled by the  
Puerto Rico carrier.

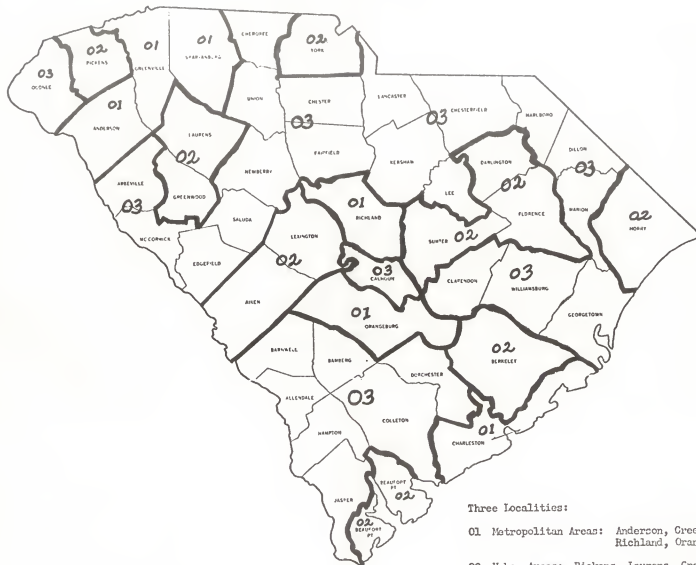
PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
01 INITIAL LIMITED OFFICE VISIT	10.00	10.00	10.00	10.00	15.00	12.80	12.80	10.00	01
02 INITIAL COMP OFFICE VISIT	10.00	10.00	10.00	10.00	30.00	25.00	25.00	20.00	02
03 MINIMAL OFFICE VISIT									03
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	10.00	10.00	15.00	13.90	14.20	10.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	15.00	12.80	12.80	25.00	19.10	15.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	20.00	15.00	15.00	15.00	30.00	25.00	25.00	25.00	06
07 INITIAL COMP HOSPITAL VISIT	15.00	15.00	20.00	15.00	30.00	25.00	25.00	20.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	10.00	10.00	12.80	12.80	12.80	10.00	08
09 BIOPSY SKIN		25.00	35.00	15.00	38.30	31.90	40.00		09
10 RADICAL MASTECTOMY					750.00	765.60			10
11 REDUCTION OF FRACTURE					800.00	765.60			11
12 ARTHOTMY									12
13 NEEDLE PUNCTURE OF BURSA									13
14 BRONCHOSCOPY									14
15 THORACENTESIS					117.40	100.00			15
16 CATHETERIZATION									16
17 INSERTION OF PACEMAKER									17
18 BLOOD TRANSFUSION									18
19 COLECTOMY					800.00	638.00			19
20 APPENDECTOMY			175.00	158.00	350.00	300.00	250.00	250.00	20
21 SIGMOIDOSCOPY	15.00	15.00	20.00		30.00	15.00	25.00	25.00	21
22 HEMORRHOIDECTOMY			150.00		300.00	300.00			22
23 CHOLECYSTECTOMY	420.00		360.00		612.50	510.40	500.00	450.00	23
24 REPAIR HERNIA	250.00	300.00	210.00	255.20	382.80	312.60	255.20	319.00	24
25 CYSTOSCOPY			35.00		50.00	44.70	40.00		25
26 DILATION OF URETHRA									26
27 PROSTATECTOMY					800.00	640.00	638.00		27
28 ELECTROSECTION OF PROSTATE					800.00	640.00	510.40		28
29 HYSTERECTOMY					638.00	550.00	510.40		29
30 EXTRACTION OF LENS					600.00	500.00	600.00		30
31 X-RAY CHEST	11.50	11.50	11.50	11.50	11.50	11.50	11.50	11.50	31
32 X-RAY SPINE	46.00	46.00	46.00	46.00	46.00	46.00	46.00	46.00	32
33 X-RAY HIP	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	33
34 X-RAY STOMACH	57.50	57.50	57.50	57.50	57.50	57.50	57.50	57.50	34
35 X-RAY COLON	46.00	46.00	46.00	46.00	46.00	46.00	46.00	46.00	35
36 COBALT					25.00	17.00			36
37 RADIO THERAPY					40.00	23.00			37
38 HEMOGLOBIN	3.00	3.00	5.00	3.00	2.00	3.00	2.00	3.00	38
39 WHITE CELL COUNT									39
40 COMPLETE BLOOD COUNT	10.00	7.00	10.00	5.00	8.00	5.00	6.00	5.00	40
41 CHOLESTERAL BLOOD COUNT	9.00	5.00	10.00	5.00	8.00	5.00	5.00	5.00	41
42 HEMATOCRIT	3.00		5.00	4.00	3.00	3.00	3.00		42
43 PROTHROMBIN	5.00			5.00	6.00	10.00			43
44 SEDIMENTATION RATE	5.00	6.00	4.00	5.00	6.00	5.00			44
45 BLOOD SUGAR					5.00				45
46 BUN UREA NITRATE	7.00	5.00	10.00	5.00	6.00	5.00	7.00		46
47 PAP TEST									47
48 URINALYSIS	5.00	5.00	4.00	5.00	5.00	3.00	5.00	3.00	48
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	49
50 ELECTROENCEPHALOGRAM					40.00	40.00	40.00		50

PROVIDENCE CO. BUNRILLVILLE  
 NORTH SMITHFIELD CUMBERLAND  
 SMITHFIELD LINCOLN  
 GLOCESTER  
 NORTH PROVIDENCE Pawtucket  
 JOHNSTON Providence  
 FOSTER SCITUATE  
 CRANSTON  
 KENT CO. COVENTRY  
 WARWICK  
 WEST GREENWICH  
 KINGSTON  
 PORTSMOUTH  
 WASHINGTON CO. EXETER  
 HOPE VALLEY  
 RICHMOND  
 HOPKINTON  
 CHARLESTOWN  
 SOUTH KINGSTOWN  
 JAMESTOWN  
 LITTLE COMPTON  
 MIDDLETOWN  
 TIVERTON  
 NEWPORT CO.  
 WESTERLY  
 Westerly Crater  
 One Locality - Statewide

One Locality - Statewide

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	SINGLE		SINGLE	
01 INITIAL LIMITED OFFICE VISIT	15.00		25.00	01
02 INITIAL COMP OFFICE VISIT	30.00		44.67	02
03 MINIMAL OFFICE VISIT	10.21		12.76	03
04 ROUTINE BRIEF OFFICE VISIT	10.21		12.76	04
05 ROUTINE BRIEF HOME VISIT	15.00		19.15	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00		45.00	06
07 INITIAL COMP HOSPITAL VISIT	31.91		50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.00		14.15	08
09 BIOPSY SKIN	25.53		25.00	09
10 RADICAL MASTECTOMY	650.00		650.00	10
11 REDUCTION OF FRACTURE	600.00		600.00	11
12 ARTHOTOMY	19.15		29.48	12
13 NEEDLE PUNCTURE OF BURSA	15.00		20.00	13
14 BRONCHOSCOPY	159.55		200.00	14
15 THORACENTESIS	31.91		38.29	15
16 CATHETERIZATION	250.00		175.00	16
17 INSERTION OF PACEMAKER	380.37		380.37	17
18 BLOOD TRANSFUSION	25.00*		25.00*	18
19 COLECTOMY	750.00		750.00	19
20 APPENDECTOMY	319.10		324.23	20
21 SIGMOIDOSCOPY	31.91		35.00	21
22 HEMORRHOIDECTOMY	250.00		250.00	22
23 CHOLECYSTECTOMY	525.00		525.00	23
24 REPAIR HERNIA	300.00		300.00	24
25 CYSTOSCOPY	63.82		60.00	25
26 DILATION OF URETHRA	12.00		12.00	26
27 PROSTATECTOMY	681.60		681.60	27
28 ELECTROSECTION OF PROSTATE	574.38		610.72	28
29 HYSTERECTOMY	600.00		600.00	29
30 EXTRACTION OF LENS	500.00		525.00	30
31 X-RAY CHEST	15.00		15.00	31
32 X-RAY SPINE	25.53		22.50	32
33 X-RAY HIP	19.15		20.00	33
34 X-RAY STOMACH	44.67		44.67	34
35 X-RAY COLON	38.29		38.29	35
36 COBALT	43.30*		43.30	36
37 RADIOTHERAPY				37
38 HEMOGLOBIN	5.00		2.50	38
39 WHITE CELL COUNT	2.00		2.00	39
40 COMPLETE BLOOD COUNT	8.00		7.00	40
41 CHOLESTERAL BLOOD COUNT	7.00		5.00	41
42 HEMATOCRIT	5.00		3.00	42
43 PROTHROMBIN	6.00		6.00	43
44 SEDIMENTATION RATE	5.00		5.00	44
45 BLOOD SUGAR	6.00		6.00	45
46 BUN UREA NITRATE	5.00		5.00	46
47 PAP TEST	6.00		7.00	47
48 URINALYSIS	4.00		4.00	48
49 ELECTROCARDIOGRAM	25.00		20.00	49
50 ELECTROENCEPHALOGRAPH	40.00		40.00	50

# SOUTH CAROLINA



## Three Localities:

- 01 Metropolitan Areas: Anderson, Greenville, Spartanburg, Richland, Orangeburg, Charleston Counties
- 02 Urban Areas: Pickens, Laurens, Greenwood, York, Lexington, Aiken, Sumter, Darlington, Florence, Berkeley, Horry, Beaufort Point Counties
- 03 Rural Areas: Oconee, Cherokee, Union, Chester, Lancaster, Chesterfield, Marlboro, Kershaw, Fairfield, Newberry, Abbeville, McCormick, Edgefield, Saluda, Calhoun, Lee, Dillon, Marion, Georgetown, Williamsburg, Clarendon, Dorchester, Barnwell, Barnwell, Colleton, Hampton, Allendale, Jasper Counties

## 1977 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA

## SOUTH CAROLINA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
	METRO	URBAN	RURAL	METRO	URBAN	RURAL	
01 INITIAL LIMITED OFFICE VISIT	7.66	7.66	6.38	11.48	8.93	7.66	01
02 INITIAL COMP OFFICE VISIT	25.00	25.00	25.00	44.66	35.00	31.90	02
03 MINIMAL OFFICE VISIT	7.66	7.66	6.38	8.00	5.00	7.66	03
04 ROUTINE BRIEF OFFICE VISIT	7.66	7.66	6.38	11.48	8.93	7.66	04
05 ROUTINE BRIEF HOME VISIT	12.76	12.76	12.76	19.14	15.00	12.76	05
06 INITIAL BRIEF HOSPITAL VISIT	10.00	8.93	10.00	12.00	10.00	8.93	06
07 INITIAL COMP HOSPITAL VISIT	31.90	30.00	31.90	44.66	40.00	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	8.93	10.00	12.00	10.00	8.93	08
09 BIOPSY SKIN	25.00	25.00	25.00	38.10	25.00	31.93	09
10 RADICAL MASTECTOMY	540.00	540.00	540.00	550.00	510.40	532.10	10
11 REDUCTION OF FRACTURE	535.92	535.92	535.92	535.92	712.44	670.45	11
12 ARTHOTMY	16.32	20.00	15.00	19.59	23.26	19.15	12
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	25.00	23.95	21.00	21.00	13
14 BRONCHOSCOPY	127.60	127.60	127.60	127.60	127.60	127.60	14
15 THORACENTESIS	25.00	25.00	25.00	40.00	40.00	40.00	15
16 CATHETERIZATION	400.00	400.00	400.00	326.62	350.00	350.00	16
17 INSERTION OF PACEMAKER	300.00	300.00	300.00	125.00	125.00	125.00	17
18 BLOOD TRANSFUSION	15.00	15.00	15.00	10.00	10.00	10.00	18
19 COLECTOMY	640.00	640.00	640.00	650.00	638.00	638.52	19
20 APPENDECTOMY	250.00	180.00	250.00	285.00	255.20	250.00	20
21 SIGMOIDOSCOPY	31.90	20.00	19.14	31.90	25.00	31.90	21
22 HEMORRHOIDECTOMY	267.96	267.96	267.96	300.00	223.30	226.23	22
23 CHOLECYSTECTOMY	350.00	350.00	350.00	450.00	400.00	446.60	23
24 REPAIR HERNIA	250.00	250.00	252.00	275.00	255.20	250.00	24
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	40.00	50.00	25
26 DILATION OF URETHRA	14.89	14.89	15.00	15.00	12.76	12.76	26
27 PROSTATECTOMY	612.48	612.48	612.48	640.00	560.00	595.96	27
28 ELECTROSECTION OF PROSTATE	580.00	580.00	580.00	600.00	510.40	580.00	28
29 HYSTERECTOMY	515.00	515.00	515.00	515.00	510.40	515.00	29
30 EXTRACTION OF LENS	510.40	510.40	510.40	510.40	510.40	532.10	30
31 X-RAY CHEST	15.00	15.00	15.00	6.00	5.26	5.26	31
32 X-RAY SPINE	30.00	25.00	20.31	9.00	10.00	10.00	32
33 X-RAY HIP	15.11	21.03	21.03	10.00	10.00	10.00	33
34 X-RAY STOMACH	38.92	42.57	38.92	19.14	20.00	20.00	34
35 X-RAY COLON	35.00	35.00	35.00	18.00	20.00	20.00	35
36 COBALT	12.00	12.00	12.00	12.00	12.00	12.00	36
37 RADIO THERAPY	12.00	12.00	12.00	12.00	12.00	12.00	37
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	5.00	7.00	7.00	5.00	6.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	5.00	8.00	5.50	6.00	6.00	41
42 HEMATOCRIT	3.00	4.00	3.50	3.00	3.00	2.00	42
43 PROTHROMBIN	5.00	6.00	6.00	5.00	5.00	4.00	43
44 SEDIMENTATION RATE	3.50	5.00	4.00	5.00	5.00	3.00	44
45 BLOOD SUGAR	5.00	5.00	6.00	6.00	6.00	7.00	45
46 BUN UREA NITRATE	5.00	5.00	5.00	6.00	6.00	7.00	46
47 PAP TEST	7.50	10.00	6.00	6.00	7.00	10.00	47
48 URINALYSIS	3.00	3.00	3.00	4.00	3.00	4.00	48
49 ELECTROCARDIOGRAM	15.00	16.00	15.00	17.47	15.00	15.00	49
50 ELECTROENCEPHALOGRAM	45.29	45.29	45.29	50.00	50.00	50.00	50



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COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION	SINGLE	
01 INITIAL LIMITED OFFICE VISIT	15.00	01
02 INITIAL COMP OFFICE VISIT	33.00	02
03 MINIMAL OFFICE VISIT	5.10	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	04
05 ROUTINE BRIEF HOME VISIT	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	06
07 INITIAL COMP HOSPITAL VISIT	44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	08
09 BIOPSY SKIN	23.00	09
10 RADICAL MASTECTOMY	536.10	10
11 REDUCTION OF FRACTURE	510.60	11
12 ARTHOTMY	12.80	12
13 NEEDLE PUNCTURE OF BURSA	13.00	13
14 BRONCHOSCOPY	127.60	14
15 THORACENTESIS	23.00	15
16 CATHETERIZATION		16
17 INSERTION OF PACEMAKER	765.80	17
18 BLOOD TRANSFUSION	12.80	18
19 COLECTOMY	638.20	19
20 APPENDECTOMY	282.00	20
21 SIGMOIDOSCOPY	23.00	21
22 HEMORRHOIDECTOMY	210.00	22
23 CHOLECYSTECTOMY	459.50	23
24 REPAIR HERNIA	268.00	24
25 CYSTOSCOPY	38.30	25
26 DILATION OF URETHRA	15.00	26
27 PROSTATECTOMY	612.70	27
28 ELECTROSECTION OF PROSTATE	574.40	28
29 HYSTERECTOMY	490.00	29
30 EXTRACTION OF LENS	612.70	30
31 X-RAY CHEST	15.00	31
32 X-RAY SPINE	24.00	32
33 X-RAY HIP	25.50	33
34 X-RAY STOMACH	46.00	34
35 X-RAY COLON	40.00	35
36 COBALT	12.80	36
37 RADIOTHERAPY	20.00	37
38 HEMOGLOBIN	3.00	38
39 WHITE CELL COUNT	3.25	39
40 COMPLETE BLOOD COUNT	7.70	40
41 CHOLESTERAL BLOOD COUNT	7.00	41
42 HEMATOCRIT	3.25	42
43 PROTHROMBIN	6.40	43
44 SEDIMENTATION RATE	3.80	44
45 BLOOD SUGAR	6.40	45
46 BUN UREA NITRATE	7.50	46
47 PAP TEST	8.50	47
48 URINALYSIS	3.80	48
49 ELECTROCARDIOGRAM	19.20	49
50 ELECTROENCEPHALOGRAPH	60.00	50

## TENNESSEE



One Locality - Statewide

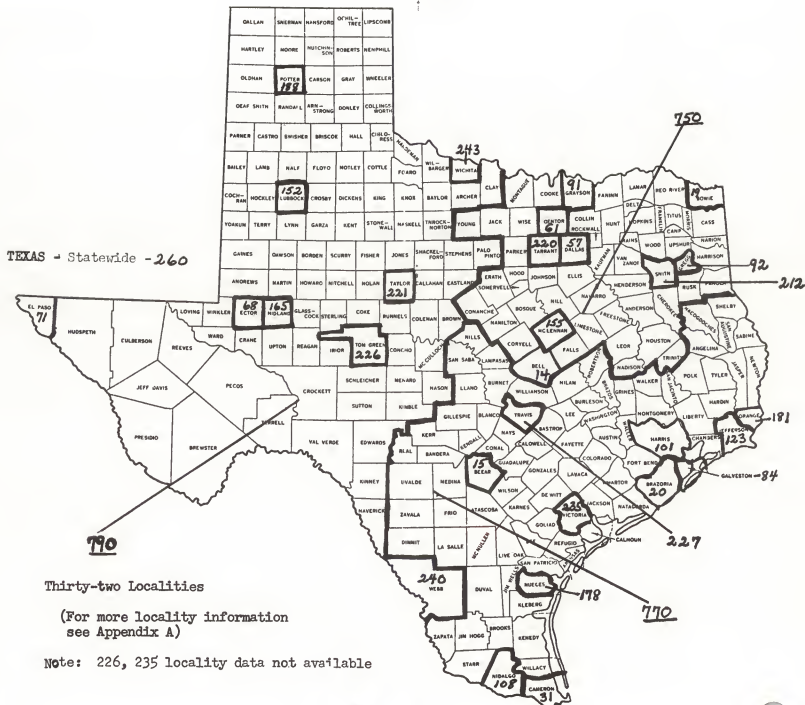
## 1977 PREVAILING CHARGE SUMMARY DATA

## EQUITABLE LIFE ASSURANCE SOCIETY

## TENNESSEE

LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEDURE DESCRIPTION	35	35	
01 INITIAL LIMITED OFFICE VISIT	12.80	15.00	01
02 INITIAL COMP OFFICE VISIT	31.90	38.30	02
03 MINIMAL OFFICE VISIT	3.80	4.00	03
04 ROUTINE BRIEF OFFICE VISIT	6.40	8.90	04
05 ROUTINE BRIEF HOME VISIT	12.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	19.20	19.20	06
07 INITIAL COMP HOSPITAL VISIT	35.00	44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	10.00	08
09 BIOPSY SKIN	20.00	30.00	09
10 RADICAL MASTECTOMY	600.00	650.00	10
11 REDUCTION OF FRACTURE	500.00	638.20	11
12 ARTHOTMY	12.80	15.00	12
13 NEEDLE PUNCTURE OF BURSA	12.80	15.00	13
14 BRONCHOSCOPY	100.00	120.00	14
15 THORACENTESIS	25.00	35.00	15
16 CATHETERIZATION	210.00	255.30	16
17 INSERTION OF PACEMAKER	600.00	638.20	17
18 BLOOD TRANSFUSION	15.00	8.90	18
19 COLECTOMY	500.00	638.20	19
20 APPENDECTOMY	280.00	315.00	20
21 SIGMOIDOSCOPY	19.20	23.00	21
22 HEMORRHOIDECTOMY	250.00	255.30	22
23 CHOLECYSTECTOMY	431.00	462.70	23
24 REPAIR HERNIA	250.00	287.20	24
25 CYSTOSCOPY	25.00	31.90	25
26 DILATION OF URETHRA	12.80	10.00	26
27 PROSTATECTOMY	567.00	567.00	27
28 ELECTROSECTION OF PROSTATE	561.60	561.00	28
29 HYSTERECTOMY	400.00	510.60	29
30 EXTRACTION OF LENS	500.00	500.00	30
31 X-RAY CHEST	14.00	15.00	31
32 X-RAY SPINE	22.30	25.00	32
33 X-RAY HIP	25.00	19.00	33
34 X-RAY STOMACH	40.00	42.00	34
35 X-RAY COLON	35.00	38.30	35
36 COSALT	15.00	15.00	36
37 RADIOTHERAPY	17.00	17.00	37
38 HEMOGLOBIN	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	8.00	41
42 HEMATOCRIT	3.00	3.00	42
43 PROTHROMBIN	5.00	5.00	43
44 SEDIMENTATION RATE	5.00	4.00	44
45 BLOOD SUGAR	5.00	7.00	45
46 BUN UREA NITRATE	5.00	8.00	46
47 PAP TEST	9.00	8.00	47
48 URINALYSIS	3.00	3.80	48
49 ELECTROCARDIOGRAM	15.00	17.00	49
50 ELECTROENCEPHALOGRAM	50.00	40.00	50

# TEXAS



## 1977 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.

TEXAS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
	014	015	019	020	031	014	015	019	020	031
01 INITIAL LIMITED OFFICE VISIT	8.00	10.00	8.90	8.00	10.00		16.00		10.00	01
02 INITIAL COMP OFFICE VISIT	25.00	25.00	25.00	15.00	25.00		40.00		44.70	02
03 MINIMAL OFFICE VISIT										03
04 ROUTINE BRIEF OFFICE VISIT	7.00	10.00	8.90	8.90	6.40		12.00		8.90	04
05 ROUTINE BRIEF HOME VISIT	15.30	15.30	12.80	15.00	10.00		18.00		19.10	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90	35.00	20.00	25.50	30.00		38.30		30.00	06
07 INITIAL COMP HOSPITAL VISIT	31.90	40.00	31.90	25.00	31.90		50.00		42.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	15.00	10.00	12.80	9.00		12.80		9.60	08
09 BIOPSY SKIN	19.10	15.00	20.00	20.00	10.00		30.00	26.80	12.00	09
10 RADICAL MASTECTOMY	437.70	630.00	589.50	574.20	571.00		630.00	473.40	527.00	10
11 REDUCTION OF FRACTURE	500.20	760.00	673.70	804.30	653.30		535.00			11
12 ARTHOTMY	15.00	17.50	15.00	15.00	15.00		20.00			12
13 NEEDLE PUNCTURE OF BURSA	12.80	15.00	15.00	15.00	15.00		15.00	14.00	15.00	13
14 BRONCHOSCOPY	94.40	144.20	126.30	125.00	125.00		175.00	102.10	113.60	14
15 THORACENTESIS	19.10	30.00	30.00	25.50	30.00		50.00	20.40	23.00	15
16 CATHETERIZATION	375.10	550.00	475.00	475.00	475.00		500.00			16
17 INSERTION OF PACEMAKER	262.50	350.00	262.50	262.50	262.50		250.00			17
18 BLOOD TRANSFUSION	12.50	12.50	12.50	12.50	12.50		10.00			18
19 COLECTOMY	625.20	720.00	750.00	638.00	750.00		720.00	500.00	750.00	19
20 APPENDECTOMY	250.10	350.00	255.20	300.00	300.00		360.00	255.20	405.60	20
21 SIGMOIDOSCOPY	26.25	30.00	25.50	25.50	30.00		31.90	23.50	23.00	21
22 HEMORRHOIDECTOMY	250.10	350.00	336.90	331.80	326.70		320.00	270.50	301.10	22
23 CHOLECYSTECTOMY	275.10	550.00	319.00	446.60	490.00		540.00	382.80	451.70	23
24 REPAIR HERNIA	219.50	315.00	275.00	275.00	275.00		350.00	255.20	275.00	24
25 CYSTOSCOPY	31.90	25.50	40.00	40.00	40.00		31.90			25
26 DILATION OF URETHRA	12.80	15.00	12.80	15.00	15.00		10.00			26
27 PROSTATECTOMY	415.00	415.00	415.00	415.00	415.00		638.00			27
28 ELECTROSECTION OF PROSTATE	500.20	640.00	640.00	640.00	640.00		612.50			28
29 HYSTERECTOMY	437.70	540.00	540.00	540.00	540.00		759.70			29
30 EXTRACTION OF LENS	600.00	600.00	600.00	600.00	600.00		600.00			30
31 X-RAY CHEST	15.00	15.00	12.80	16.00	15.00		19.00			31
32 X-RAY SPINE	25.50	31.90	25.00	25.00	25.00		29.00			32
33 X-RAY HIP	19.10	20.00	19.10	19.10	20.00		21.00			33
34 X-RAY STOMACH	40.00	44.70	45.00	38.30	45.00		39.00			34
35 X-RAY COLON	37.00	39.00	39.00	39.00	39.00		38.00			35
36 COBALT										36
37 RADIOTHERAPY										37
38 HEMOGLOBIN	6.50	6.50	6.50	6.50	6.50		3.00		3.00	38
39 WHITE CELL COUNT	3.00	3.00	4.00	4.00	4.00		3.00		3.00	39
40 COMPLETE BLOOD COUNT	9.00	9.00	6.00	7.00	8.40		9.00		7.00	40
41 CHOLESTERAL BLOOD COUNT	7.00	7.00	6.00	7.50	6.00		7.50		8.00	41
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00		3.00		3.00	42
43 PROTHROMBIN	7.00	6.00	6.00	7.00	6.00		6.00		6.50	43
44 SEDIMENTATION RATE	5.00	7.00	6.00	6.00	6.00		5.00		5.00	44
45 BLOOD SUGAR	6.00	7.00	6.00	7.00	6.00		7.00		7.00	45
46 BUN UREA NITRATE	7.00	7.00	7.00	5.00	6.00		7.00		8.00	46
47 PAP TEST	13.00	10.00	6.00	10.00	15.00		10.00		10.00	47
48 URINALYSIS	4.50	4.75	5.00	5.00	3.60		5.00		5.00	48
49 ELECTROCARDIOGRAM	18.00	24.20	15.00	19.10	20.00		20.00		20.00	49
50 ELECTROENCEPHALOGRAM	44.70	52.50	52.50	52.50	48.50					50



## 1977 PREVAILING CHARGE SUMMARY DATA

## GROUP MEDICAL AND SURGICAL SERV.

## TEXAS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	057	061	068	071	084	057	061	068	071	084	
01 INITIAL LIMITED OFFICE VISIT	15.00	10.00	10.00	9.00	10.00	25.00			15.00	15.00	01
02 INITIAL COMP OFFICE VISIT	30.00	44.70	25.00	25.00	25.00	44.70			38.00	50.00	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	10.00	9.60	6.40	7.70	8.90	12.80			10.00	15.00	04
05 ROUTINE BRIEF HOME VISIT	19.10	13.70	12.80	20.00	15.00	23.00			19.10	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90	23.00	25.00	25.00	29.30	45.00			35.00	40.00	06
07 INITIAL COMP HOSPITAL VISIT	35.00	40.00	30.00	25.00	35.00	45.00			40.00	63.80	07
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	10.00	8.00	11.00	12.00	12.50			12.80	15.30	08
09 BIOPSY SKIN	25.00	20.00	20.00	20.00	20.00	29.00		23.00	25.50	25.50	09
10 RADICAL MASTECTOMY	678.80	634.20	527.00	571.60	571.60	825.00	535.90	632.80	712.50	750.00	10
11 REDUCTION OF FRACTURE	760.00	724.80	602.30	653.30	653.30	638.00			720.00		11
12 ARTHOTOMY	15.00	15.00	15.00	19.10	18.00	15.00			20.00		12
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	15.00	15.00	15.00	15.00		15.00	14.25	15.00	13
14 BRONCHOSCOPY	125.00	136.50	113.60	122.50	122.50	159.50	127.60	111.00	166.25	125.00	14
15 THORACENTESIS	30.00	28.10	23.00	25.50	25.50	50.00	50.00	23.00	47.50	31.90	15
16 CATHETERIZATION	375.00	475.00	451.70	475.00	475.00	375.00					16
17 INSERTION OF PACEMAKER	200.00	262.50	262.50	262.50	262.50	200.00					17
18 BLOOD TRANSFUSION	12.50	12.50	12.50	12.50	12.50	10.00	10.00	10.00	9.50	10.00	18
19 COLECTOMY	825.00	750.00	750.00	750.00	750.00	850.00	574.20	638.00	712.50	750.00	19
20 APPENDECTOMY	300.00	300.00	300.00	255.20	300.00	350.00	319.00	255.20	332.50	350.00	20
21 SIGMOIDOSCOPY	30.00	31.70	23.00	25.50	35.00	30.00	25.00	24.30	42.75	44.70	21
22 HEMORRHOIDECTOMY	350.00	350.00	301.10	326.70	326.70	350.00	306.20	296.00	272.75	320.00	22
23 CHOLECYSTECTOMY	510.40	500.00	451.70	500.00	500.00	600.00	446.60	510.40	475.00	540.30	23
24 REPAIR HERNIA	275.00	255.20	264.10	275.00	275.00	350.00	319.00	275.00	303.10	350.00	24
25 CYSTOSCOPY	35.00	40.00	38.30	40.00	40.00	35.00					25
26 OILATION OF URETHRA	15.00	15.00	15.00	15.00	12.80	10.00					26
27 PROSTATECTOMY	415.00	415.00	415.00	415.00	415.00	650.00					27
28 ELECTROSECTION OF PROSTATE	670.00	640.00	602.30	640.00	640.00	638.00					28
29 HYSTERECTOMY	540.00	540.00	527.00	540.00	540.00	662.70			611.30	750.00	29
30 EXTRACTION OF LENS	650.00	600.00	600.00	500.00	600.00	593.30			500.00		30
31 X-RAY CHEST	17.50	18.00	14.00	12.50	19.10	18.00					31
32 X-RAY SPINE	25.00	25.00	19.10	25.50	35.00	25.00					32
33 X-RAY HIP	17.50	20.00	45.00	19.10	22.50	18.50					33
34 X-RAY STOMACH	44.70	38.30	39.00	44.70	45.00	45.00					34
35 X-RAY COLON	40.00	39.00		39.00	38.30	45.00					35
36 COBALT											36
37 RADIOTHERAPY											37
38 HEMOGLOBIN	6.50	6.50	6.50	6.50	6.50	5.00			3.00	3.00	38
39 WHITE CELL COUNT	5.00	4.00	4.00	4.00	5.00	3.00			3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	8.00	7.50	7.00	8.00	8.00			6.00	7.50	40
41 CHOLESTERAL BLOOD COUNT	7.00	7.00	8.00	7.50	8.50	7.00			6.00	6.00	41
42 HEMATOCRIT	2.50	4.00	3.00	2.00	3.00	3.00			2.00	3.00	42
43 PROTHROMBIN	7.50	7.00	6.00	10.00	7.00	7.00			7.00	8.00	43
44 SEDIMENTATION RATE	6.00	6.00	6.00	5.00	6.00	5.00			5.00	6.00	44
45 BLOOD SUGAR	7.50	7.00	7.50	7.00	7.00	7.00			6.00	7.00	45
46 BUN UREA NITRATE	6.00	7.00	7.00	8.00	7.00	6.00			6.00	7.00	46
47 PAP TEST	15.00	15.00	15.00	10.00	12.00	10.00			13.75	10.00	47
48 URINALYSIS	5.00	5.00	5.00	6.00	5.00	5.00			4.00	5.00	48
49 ELECTROCARDIOGRAM	20.00	20.00	17.50	19.10	19.10	20.00			19.10	22.30	49
50 ELECTROENCEPHALOGRAM	38.30	51.00	48.50	52.50	52.30						50



## 1977 PREVAILING CHARGE SUMMARY DATA

## GROUP MEDICAL AND SURGICAL SERV.

## TEXAS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	091	092	101	108	123	091	092	101	108	123	
01 INITIAL LIMITED OFFICE VISIT	7.00	25.50	12.20	10.00	14.10			19.10	12.00	20.00	01
02 INITIAL COMP OFFICE VISIT	25.00	25.00	30.00	15.00	25.00			44.70	31.90	50.00	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	6.40	7.70	8.90	6.40	8.90			12.80	10.00	12.80	04
05 ROUTINE BRIEF HOME VISIT	12.00	12.80	18.00	12.00	15.30			19.10	19.10	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	25.00	31.90	25.00	31.90			38.30	31.90	35.00	06
07 INITIAL COMP HOSPITAL VISIT	25.00	25.00	35.00	31.90	35.00			50.00	31.90	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.20	8.00	13.00	10.00	12.00			12.80	8.00	12.80	08
09 BIOPSY SKIN	20.00	20.00	15.00	20.00	20.00	20.00	45.30	25.00	20.00	34.50	09
10 RADICAL MASTECTOMY	473.00	482.30	616.30	250.00	607.40	574.00	510.40	765.60	518.10	638.00	10
11 REDUCTION OF FRACTURE	541.00	551.00	900.00	592.10	694.10			701.80		510.40	11
12 ARTHOTMY	10.00	12.80	12.50	19.10	20.00			15.00		15.00	12
13 NEEDLE PUNCTURE OF BURSA	14.00	14.00	15.00	15.00	12.80	14.00	14.00	15.00	15.00	15.00	13
14 BRONCHOSCOPY	102.10	103.40	132.70	127.60	150.00	127.60	127.60	159.50	127.60	100.00	14
15 THORACENTESIS	21.50	21.70	50.00	23.00	30.00	35.00	31.90	50.00	23.00	50.00	15
16 CATHETERIZATION	405.80	413.40	460.00	444.00	475.00			460.00			16
17 INSERTION OF PACEMAKER	262.50	262.50	300.00	262.50	262.50			191.40			17
18 BLOOD TRANSFUSION	12.50	12.50	12.50	12.50	12.50	10.00	10.00	10.00	12.50	10.00	18
19 COLECTOMY	290.90	689.00	880.40	740.10	750.00	750.00	574.20	893.20	740.10	638.00	19
20 APPENDECTOMY	255.20	285.00	382.80	250.00	300.00	255.20	287.10	382.80	250.00	300.00	20
21 SIGMOIDOSCOPY	21.50	20.00	35.00	23.00	35.00	24.00	20.40	35.00	23.00	39.50	21
22 HEMORRHOIDECTOMY	270.50	275.60	350.00	295.00	347.10	270.50	270.50	350.00	296.00	319.00	22
23 CHOLECYSTECTOMY	414.70	413.40	550.00	500.00	500.00	400.00	446.60	638.00	500.00	540.00	23
24 REPAIR HERNIA	255.20	275.00	300.00	255.20	275.00	250.00	275.00	382.80	255.20	300.00	24
25 CYSTOSCOPY	34.50	34.50	50.00	37.00	40.00			50.00			25
26 DILATION OF URETHRA	15.00	12.80	15.00	15.00	12.80			15.00			26
27 PROSTATECTOMY	415.00	415.00	415.00	415.00	415.00			638.00			27
28 ELECTROSECTOMY OF PROSTATE	541.00	551.20	704.00	592.10	640.00			829.00			28
29 HYSTERECTOMY	473.40	482.30	540.00	518.10	540.00			638.00		600.00	29
30 EXTRACTION OF LENS	600.00	600.00	638.00	600.00	600.00			630.00*			30
31 X-RAY CHEST	15.00	17.50	15.00	17.00	19.10			35.00			31
32 X-RAY SPINE	25.00	25.00	30.00	25.00	38.30			20.00			32
33 X-RAY HIP	16.00	19.10	19.10	22.00	23.00			44.70			33
34 X-RAY STOMACH	45.00	45.00	45.00	45.00				40.00			34
35 X-RAY COLON	39.00	39.00	36.00	39.00							35
36 COSALT											36
37 RADIOTHERAPY											37
38 HEMOGLOBIN	6.50	6.50	6.50	6.50				3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	4.00	6.00	2.50				4.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	7.00	7.50	6.00				7.50	6.50	7.50	40
41 CHOLESTERAL BLOOD COUNT	5.00	7.00	6.00	7.00				8.00	6.50	6.00	41
42 HEMATOCRIT	3.00	3.00	6.00	4.00				3.00	3.00	5.00	42
43 PROTHROMBIN	6.00	7.50	7.00	6.00				7.00	6.00	6.50	43
44 SEDIMENTATION RATE	6.00	4.00	6.00	5.00				5.00	6.00	5.00	44
45 BLOOD SUGAR	6.00	6.00	7.00	6.00				8.00	6.00	6.00	45
46 BUN UREA NITRATE	7.00	7.00	6.00	6.00				8.00	6.50	6.00	46
47 PAP TEST	10.00	10.00	15.00	16.00				10.00	15.00	14.50	47
48 URINALYSIS	4.00	5.00	5.00	4.00				5.00	5.50	5.00	48
49 ELECTROCARDIOGRAM	15.00	19.10	19.10	19.10				20.00	22.00	27.00	49
50 ELECTROENCEPHALOGRAPH	44.70	51.00	52.50	51.00							50

## 1977 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.

TEXAS

		LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
PROCEDURE DESCRIPTION		152	155	165	178	181	152	155	165	178	181	
01	INITIAL LIMITED OFFICE VISIT	10.00	10.00	12.80	12.00	10.00	21.00	19.10		25.00		01
02	INITIAL COMP OFFICE VISIT	31.90	25.00	25.00	25.00	25.00	40.00	27.50		40.00		02
03	MINIMAL OFFICE VISIT											03
04	ROUTINE BRIEF OFFICE VISIT	8.00	6.40	8.00	7.70	8.00	12.50	7.70		12.80		04
05	ROUTINE BRIEF HOME VISIT	10.00	8.90	18.20	19.10	15.00	15.00	15.00		19.10		05
06	INITIAL BRIEF HOSPITAL VISIT	25.00	20.00	31.90	25.50	31.90	40.00	21.00		50.00		06
07	INITIAL COMP HOSPITAL VISIT	27.50	31.90	30.00	44.70	35.00	40.00	50.00		50.00		07
08	ROUTINE BRIEF HOSPITAL VISIT	8.00	8.00	7.70	12.80	10.00	9.00	9.00		15.00		08
09	BIOPSY SKIN	15.00	20.00	20.00	20.00	20.00	20.00	25.50		37.00		09
10	RADICAL MASTECTOMY	459.40	535.90	535.90	580.60	562.70	600.00	606.10		750.00		10
11	REDUCTION OF FRACTURE	382.80	612.50	612.50	663.50	643.10				550.00		11
12	ARTHOTMY	12.00	15.00	15.00	19.10	15.00				17.50		12
13	NEEDLE PUNCTURE OF BURSA	15.00	12.80	15.00	15.00	15.00	15.00	15.00		15.00		13
14	BRONCHOSCOPY	111.00	114.80	114.80	125.00	121.20	113.60	159.50		122.50		14
15	THORACENTESIS	30.00	23.00	23.00	25.50	25.00	27.90	31.90		25.50		15
16	CATHETERIZATION	444.00	459.40	459.40	475.00	475.00						16
17	INSERTION OF PACEMAKER	262.50	262.50	262.50	262.50	262.50	10.00	10.00		10.00		17
18	BLOOD TRANSFUSION	12.50	12.50	12.50	12.50	12.50	510.40	520.00		705.00		18
19	COLECTOMY	510.40	750.00	750.00	705.00	750.00	310.00	250.00		319.00		19
20	APPENDECTOMY	268.00	300.00	300.00	300.00	300.00	25.00	25.00		25.00		20
21	SIGMOIDOSCOPY	23.00	23.00	20.00	28.80	40.00	301.10	331.80		326.70		21
22	HEMORRHOIDECTOMY	296.00	306.20	306.20	331.80	321.60	414.70	400.00		446.60		22
23	CHOLECYSTECTOMY	446.60	459.40	459.40	500.00	382.80	287.10	255.20		300.00		23
24	REPAIR HERNIA	268.00	268.00	255.20	275.00	275.00						24
25	CYSTOSCOPY	40.00	38.30	570.00*	40.00	40.00						25
26	DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00						26
27	PROSTATECTOMY	415.00	415.00	415.00	415.00	415.00						27
28	ELECTRORESECTION OF PROSTATE	592.10	612.50	612.50	640.00	640.00						28
29	HYSTERECTOMY	518.10	535.90	535.90	540.00	540.00	571.60			650.00		29
30	EXTRACTION OF LENS	600.00	600.00	600.00	600.00	600.00	510.40			600.00		30
31	X-RAY CHEST	15.00	12.80	15.00	20.00	21.70						31
32	X-RAY SPINE	25.00	20.00	25.00	27.75	25.00						32
33	X-RAY HIP	18.00	19.10	12.80	20.00	20.00						33
34	X-RAY STOMACH	44.70	45.00	45.00	44.70	44.70						34
35	X-RAY COLON	39.00	39.00	39.00	39.00	39.00						35
36	COBALT											36
37	RADIOTHERAPY											37
38	HEMOGLOBIN	6.50	6.50	6.50	6.50	6.50	3.00	3.00		3.00		38
39	WHITE CELL COUNT	4.00	4.00	4.00	3.00	4.00	3.00	3.00		3.00		39
40	COMPLETE BLOOD COUNT	7.50	6.00	12.00	8.00	7.00	8.00	6.00		8.00		40
41	CHOLESTERAL BLOOD COUNT	6.00	6.00	7.00	7.50	7.00	7.00	5.25		7.00		41
42	HEMATOCRIT	5.00	3.00	3.00	3.00	3.00	3.00	3.00		2.50		42
43	PROTHROMBIN	7.00	6.00	7.50	6.00	6.00	7.50	5.00		5.00		43
44	SEDIMENTATION RATE	5.00	6.00	5.50	8.00	6.00	4.00	3.00		5.00		44
45	BLOOD SUGAR	7.00	5.00	8.75	7.00	6.00	7.00	5.50		6.00		45
46	BUN UREA NITRATE	7.00	6.00	7.00	7.00	7.00	6.50	5.00		7.00		46
47	PAP TEST	10.00	7.50	10.00	12.00	12.00	10.00	6.00		8.00		47
48	URINALYSIS	5.00	5.00	5.00	5.00	6.00	5.00	3.00		6.00		48
49	ELECTROCARDIOGRAM	20.00	16.00	19.10	20.00	20.00	20.00	20.00		20.00		49
50	ELECTROENCEPHALOGRAPH	52.30	48.50	52.50	49.80	52.50						50

## 1977 PREVAILING CHARGE SUMMARY DATA

## GROUP MEDICAL AND SURGICAL SERV.

## TEXAS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	188	212	220	221	226	188	212	220	221	226	
01 INITIAL LIMITED OFFICE VISIT	12.00	15.00	12.00	12.50		15.00	25.00	18.00	17.50	20.00	01
02 INITIAL COMP OFFICE VISIT	25.50	31.90	30.00	30.00		44.70	44.70	38.30	31.90	44.70	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	7.70	10.00	7.70	6.40		10.00	12.80	12.50	10.00	10.20	04
05 ROUTINE BRIEF HOME VISIT	15.00	19.10	15.00	7.50		15.00	19.10	19.10	15.00	11.90	05
06 INITIAL BRIEF HOSPITAL VISIT	19.10	31.90	25.00	20.40		31.90	35.00	35.00	30.00	26.00	06
07 INITIAL COMP HOSPITAL VISIT	44.70	35.00	31.90	31.90		40.00	40.00	50.00	31.90	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	19.00	10.20		7.00	12.80	12.80	12.00	8.90	08
09 BIOPSY SKIN	20.00	20.00	20.00	20.00		50.00	25.00	17.50	15.00		09
10 RADICAL MASTECTOMY	473.40	473.40	589.50	491.30		733.70	638.00	638.00	650.00		10
11 REDUCTION OF FRACTURE	541.00	541.00	673.70	561.40				600.00			11
12 ARTHOTOMY	10.00	12.50	15.00	15.00				15.00			12
13 NECOLE PUNCTURE OF BURSA	15.00	15.00	12.80	14.00		15.00	15.00	15.00	15.00		13
14 BRONCHOSCOPY	102.10	102.10	126.30	105.90		109.70	150.00	130.20	113.60		14
15 THORACENTESIS	26.80	30.00	30.00	25.50		25.00	35.00	31.90	44.70		15
16 CATHETERIZATION	405.80	405.80	475.00	421.10							16
17 INSERTION OF PACEMAKER	262.50	262.50	262.50	262.50							17
18 BLOOD TRANSFUSION	12.50	12.50	12.50	12.50		10.00	10.00	10.00	10.00		18
19 COLECTOMY	650.00	600.00	750.00	701.80		606.10	600.00	650.00	695.00		19
20 APPENDECTOMY	255.00	255.20	300.00	255.20		350.00	250.00	319.00	370.00		20
21 SIGMOIDOSCOPY	20.40	35.00	25.50	30.00		31.90	25.00	30.00	25.00		21
22 HEMORRHOIDECTOMY	270.50	270.50	380.00	280.70		290.90	191.40	319.00	323.00		22
23 CHOLECYSTECTOMY	405.80	500.00	500.00	446.60		410.00	446.60	510.40	478.50		23
24 REPAIR HERNIA	255.20	238.00	262.50	225.00		287.10	287.10	300.00	350.00		24
25 CYSTOSCOPY	34.50	34.50	40.00	35.70				40.00			25
26 DILATION OF URETHRA	14.00	15.00	15.00	14.00				12.00			26
27 PROSTATECTOMY	415.00	415.00	415.00	415.00				638.00			27
28 ELECTROSECTION OF PROSTATE	541.00	541.00	640.00	561.40				638.00			28
29 HYSTERECTOMY	473.40	473.40	540.00	491.30				641.40			29
30 EXTRACTION OF LENS	600.00	600.00	525.00	600.00				525.00			30
31 X-RAY CHEST	19.10	15.00	16.00	15.00				17.50			31
32 X-RAY SPINE	25.50	17.50	27.50	25.00				35.00			32
33 X-RAY HIP	15.00	19.10	19.10	19.10				22.00			33
34 X-RAY STOMACH	45.00	44.70	45.00	40.00				47.00			34
35 X-RAY COLON	39.00	38.30	39.00	22.30				47.00			35
36 COBALT											36
37 RADIOTHERAPY											37
38 HEMOGLOBIN	6.50	6.50	6.50	6.50		3.00	3.00	3.00	3.00	3.00	38
39 WHITE CELL COUNT	4.00	3.00	5.00	4.00		3.00	3.00	4.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	7.00	7.00	7.00		7.00	8.50	7.00	7.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	6.00	5.00	7.00	7.00		5.00	7.50	6.00	7.00	7.00	41
42 HEMATOCRIT	4.00	3.00	5.00	3.00		3.00	2.00	2.50	3.00	3.00	42
43 PROTHROMBIN	5.00	6.00	8.00	6.00		5.00	10.00	7.00	6.00	7.50	43
44 SEDIMENTATION RATE	5.00	6.00	5.00	6.00		3.00	4.00	5.00	5.00	5.00	44
45 BLOOD SUGAR	6.00	6.00	7.00	6.00		5.00	6.00	6.00	5.00	7.00	45
46 BUN UREA NITRATE	7.00	6.00	6.00	7.00		5.00	6.00	6.00	7.00	7.00	46
47 PAP TEST	10.00	10.00	15.00	12.00		10.00	10.00	10.00	10.00	10.00	47
48 URINALYSIS	4.00	5.00	5.00	3.00		5.00	4.00	5.00	5.00	5.00	48
49 ELECTROCARDIOGRAM	19.10	17.50	19.10	19.10		19.10	20.00	19.10	16.50	20.00	49
50 ELECTROENCEPHALOGRAPH	52.50	49.80	52.50	52.50							50

## 1977 PREVAILING CHARGE SUMMARY DATA

## GROUP MEDICAL AND SURGICAL SERV.

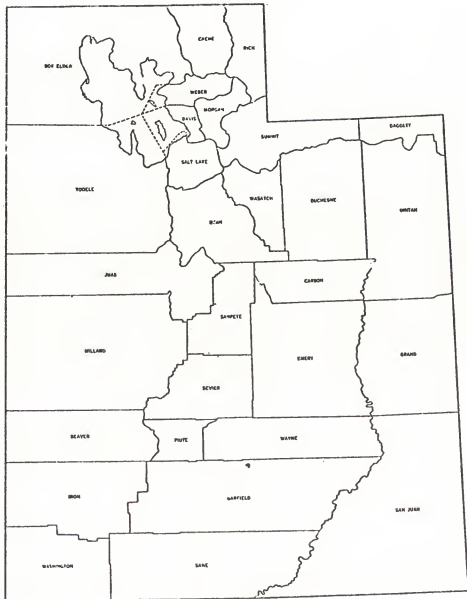
## TEXAS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	227	235	240	243	750	227	235	240	243	750	
01 INITIAL LIMITED OFFICE VISIT	10.00		8.00	10.00	10.00	25.00			10.00	12.00	01
02 INITIAL COMP OFFICE VISIT	30.00		20.00	18.00	25.00	50.00			31.90	30.00	02
03 MINIMAL OFFICE VISIT											03
04 ROUTINE BRIEF OFFICE VISIT	8.90		10.00	7.70	7.00	11.50			10.00	8.90	04
05 ROUTINE BRIEF HOME VISIT	15.30		15.00	12.80	12.00	15.00			12.80	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90		25.50	19.10	19.10	35.00			25.00	25.50	06
07 INITIAL COMP HOSPITAL VISIT	44.70		30.00	25.00	26.00	50.00			44.70	38.30	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.00		12.00	10.00	10.00	12.80			12.80	10.00	08
09 BIOPSY SKIN	20.00		20.00	20.00	20.00	26.80	25.00		15.00	25.00	09
10 RADICAL MASTECTOMY	446.60		491.30	527.00	491.30	600.00	750.00		535.90	750.00	10
11 REDUCTION OF FRACTURE	510.40		561.40	602.30	510.40	608.70				510.40	11
12 ARTHOTMY	12.00		15.00	12.00	15.00	15.00				15.00	12
13 NEEDLE PUNCTURE OF BURSA	12.80		14.00	12.80	15.00	15.00	14.25		15.00	15.00	13
14 BRONCHOSCOPY	95.70		105.90	13.60	150.00	130.20	127.60		125.00	175.00	14
15 THORACENTESIS	19.10		60.00	23.00	25.00	26.80	31.90		50.00	31.90	15
16 CATHETERIZATION	382.80		421.10	451.70	421.10					500.00	16
17 INSERTION OF PACEMAKER	262.50		262.50	262.50	200.00					250.00	17
18 BLOOD TRANSFUSION	12.50		12.50	12.50	12.50	10.00	10.00		10.00	10.00	18
19 COLECTOMY	600.00		701.80	750.00	446.60	600.00	750.00		574.20	638.00	19
20 APPENOECTOMY	223.30		280.70	300.00	275.00	300.00	287.10		255.20	300.00	20
21 SIGMOIDOSCOPY	20.00		35.00	23.00	25.00	25.00	31.90		26.25	25.00	21
22 HEMORRHOIDECTOMY	255.20		280.70	301.10	280.70	319.00	296.00		306.20	255.20	22
23 CHOLECYSTECTOMY	382.80		421.10	600.00	446.60	500.00	510.40		446.60	480.00	23
24 REPAIR HERNIA	200.00		250.00	264.10	250.00	300.00	325.00		255.20	287.10	24
25 CYSTOSCOPY	31.90		35.70	38.30	40.00					40.00	25
26 DILATION OF URETHRA	12.80		14.00	15.00	11.00					10.00	26
27 PROSTATECTOMY	415.00		415.00	415.00	415.00					612.50	27
28 ELECTROSECTION OF PROSTATE	510.40		561.40	602.30	561.40					560.00	28
29 HYSTERECTOMY	446.60		650.00	527.00	491.30	650.00				562.70	29
30 EXTRACTION OF LENS	500.00		600.00	600.00	446.60	50.00				500.00	30
31 X-RAY CHEST	15.00		15.00	15.00	15.00	35.00				13.50	31
32 X-RAY SPINE	20.00		25.00	23.00	25.00	35.00				21.25	32
33 X-RAY HIP	20.00		20.00	16.80	17.50	22.00				18.75	33
34 X-RAY STOMACH	45.00		45.00	45.00	44.70	54.20				42.75	34
35 X-RAY COLON	39.00		39.00	39.00	35.00	50.25				42.75	35
36 COLIT											36
37 RADIOTHERAPY											37
38 HEMOGLOBIN	6.50		6.50	6.50	3.00	3.00			3.00	3.00	38
39 WHITE CELL COUNT	5.00		4.00	4.00	3.00	3.00			3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00		6.00	6.50	6.00	8.00			7.50	7.00	40
41 CHOLESTERAL BLOOD COUNT	5.00		7.00	5.50	6.00	7.50			7.00	6.00	41
42 HEMATOCRIT	5.00		3.00	3.00	3.00	3.25			3.00	3.00	42
43 PROTHROMBIN	6.00		6.00	5.00	6.00	7.00			6.50	6.00	43
44 SEDIMENTATION RATE	4.00		6.00	6.00	5.00	5.00			5.00	5.00	44
45 BLOOD SUGAR	7.50		6.00	6.50	6.00	7.50			7.00	6.00	45
46 BUN UREA NITRATE	5.00		7.00	6.00	6.00	5.00			7.00	6.00	46
47 PAP TEST	11.00		7.50	8.00	12.00	10.00			10.00	10.00	47
48 URINALYSIS	5.00		2.00	4.50	4.00	5.00			5.00	4.00	48
49 ELECTROCARDIOGRAM	19.10		18.00	20.00	19.10	19.10			19.10	19.10	49
50 ELECTROENCEPHALGRAM	48.50		52.50	49.80	48.50						50

LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST		
PROCEDURE DESCRIPTION	770	790	770	790
01 INITIAL LIMITED OFFICE VISIT	10.00	10.00	12.80	10.00
02 INITIAL COMP OFFICE VISIT	25.00	25.00	44.70	40.25
03 MINIMAL OFFICE VISIT				
04 ROUTINE BRIEF OFFICE VISIT	6.40	6.40	10.00	7.70
05 ROUTINE BRIEF HOME VISIT	12.80	12.00	12.80	15.00
06 INITIAL BRIEF HOSPITAL VISIT	25.00	19.10	31.90	31.90
07 INITIAL COMP HOSPITAL VISIT	31.90	32.00	50.00	35.00
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	12.00	9.60
09 BIOPSY SKIN	15.00	22.00	25.00	15.00
10 RADICAL MASTECTOMY	650.00	473.40	510.40	574.20
11 REDUCTION OF FRACTURE	382.80	450.00	612.50	638.00
12 ARTHOTMY	15.00	12.50	25.50	15.00
13 NEEDLE PUNCTURE OF BURSA	12.25	12.80	15.00	15.00
14 BRONCHOSCOPY	125.00	102.10	200.00	127.60
15 THORACENTESIS	35.00	25.00	50.00	50.00
16 CATHETERIZATION	451.70	405.80	500.00	425.00
17 INSERTION OF PACEMAKER	300.00	250.00	300.00	165.00
18 BLOOD TRANSFUSION	12.50	12.00	10.00	10.00
19 COLECTOMY	752.80	650.00	600.00	600.00
20 APPENDECTOMY	280.00	275.00	300.00	250.00
21 SIGMOIDOSCOPY	25.00	31.90	35.00	25.00
22 HEMORRHOIDECTOMY	301.10	191.40	300.00	290.00
23 CHOLECYSTECTOMY	425.00	412.50	446.60	450.00
24 REPAIR HERNIA	255.20	250.00	287.10	255.20
25 CYSTOSCOPY	40.00	37.00	40.00	37.00
26 DILATION OF URETHRA	10.00	10.00	10.00	10.00
27 PROSTATECTOMY	382.80	382.80	560.00	638.00
28 ELECTROSECTION OF PROSTATE	575.00	600.00	510.40	600.00
29 HYSTERECTOMY	527.00	473.40	600.00	571.60
30 EXTRACTION OF LENS	550.00	550.00	510.40	542.30
31 X-RAY CHEST	15.00	15.00	16.00	16.50
32 X-RAY SPINE	25.00	21.00	25.00	29.00
33 X-RAY HIP	19.10	19.10	20.00	21.00
34 X-RAY STOMACH	35.00	40.00	44.70	48.00
35 X-RAY COLON	37.00	44.70	41.50	44.70
36 COBALT				
37 RADIOTHERAPY				
38 HEMOGLOBIN	3.00	5.00	3.00	3.00
39 WHITE CELL COUNT	4.00	3.00	4.00	4.00
40 COMPLETE BLOOD COUNT	7.50	7.00	7.00	7.00
41 CHOLESTERAL BLOOD COUNT	7.00	6.50	7.00	7.00
42 HEMATOCRIT	3.00	4.00	5.00	4.00
43 PROTHROMBIN	6.00	6.00	6.00	6.00
44 SEDIMENTATION RATE	6.00	5.00	5.00	5.50
45 BLOOD SUGAR	7.00	6.50	7.00	6.00
46 BUN UREA NITRATE	7.00	7.00	10.00	7.00
47 PAP TEST	10.00	10.00	10.00	12.00
48 URINALYSIS	5.00	4.00	6.00	5.00
49 ELECTROCARDIOGRAM	19.10	19.10	19.10	19.10
50 ELECTROENCEPHALOGRAM	51.00	51.00		



UTAH



One Locality - Statewide

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	UTAH		UTAH	
01 INITIAL LIMITED OFFICE VISIT	9.90		13.00	01
02 INITIAL COMP OFFICE VISIT	34.50		40.00	02
03 MINIMAL OFFICE VISIT	5.10		5.60	03
04 ROUTINE BRIEF OFFICE VISIT	7.00		8.00	04
05 ROUTINE BRIEF HOME VISIT	12.00		15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	23.00		25.00	06
07 INITIAL COMP HOSPITAL VISIT	49.00		49.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.00		10.50	08
09 BIOPSY SKIN	20.70		18.80	09
10 RADICAL MASTECTOMY	506.40		540.00	10
11 REDUCTION OF FRACTURE	595.40		560.00	11
12 ARTHOTMY	15.00		16.00	12
13 NEEDLE PUNCTURE OF BURSA	15.30		17.60	13
14 BRONCHOSCOPY	112.50		112.50	14
15 THORACENTESIS	28.00		32.80	15
16 CATHETERIZATION	177.50*		177.50*	16
17 INSERTION OF PACEMAKER	541.10		577.00	17
18 BLOOD TRANSFUSION	32.80		32.80	18
19 COLECTOMY	632.90		650.00	19
20 APPENDECTOMY				20
21 SIGMOIDOSCOPY	20.00		23.00	21
22 HEMORRHOIDECTOMY				22
23 CHOLECYSTECTOMY	468.80		420.00	23
24 REPAIR HERNIA	235.00		273.30	24
25 CYSTOSCOPY	46.90		50.00	25
26 DILATION OF URETHRA	15.00		15.00	26
27 PROSTATECTOMY	501.70		510.40	27
28 ELECTROSECTION OF PROSTATE	491.40		510.40	28
29 HYSTERECTOMY	468.80		500.00	29
30 EXTRACTION OF LENS	459.50		500.00	30
31 X-RAY CHEST	15.00		13.80	31
32 X-RAY SPINE	23.00		27.25	32
33 X-RAY HIP	20.60		25.50	33
34 X-RAY STOMACH	38.30		44.70	34
35 X-RAY COLON	37.00		44.70	35
36 COBALT	21.00*		15.00	36
37 RADIOTHERAPY				37
38 HEMOGLOBIN	3.00		3.00	38
39 WHITE CELL COUNT	3.00		3.00	39
40 COMPLETE BLOOD COUNT	8.00		7.50	40
41 CHOLESTERAL BLOOD COUNT	6.90		7.00	41
42 HEMATOCRIT	3.00		3.00	42
43 PROTHROMBIN	6.00		6.00	43
44 SEDIMENTATION RATE	3.75		4.00	44
45 BLOOD SUGAR	6.00		5.40	45
46 BUN UREA NITRATE	6.00		6.00	46
47 PAP TEST	10.00		9.10	47
48 URINALYSIS	3.00		3.00	48
49 ELECTROCARDIOGRAM	20.00		19.10	49
50 ELECTROENCEPHALOGRAPH	43.30		44.70	50



# VERMONT



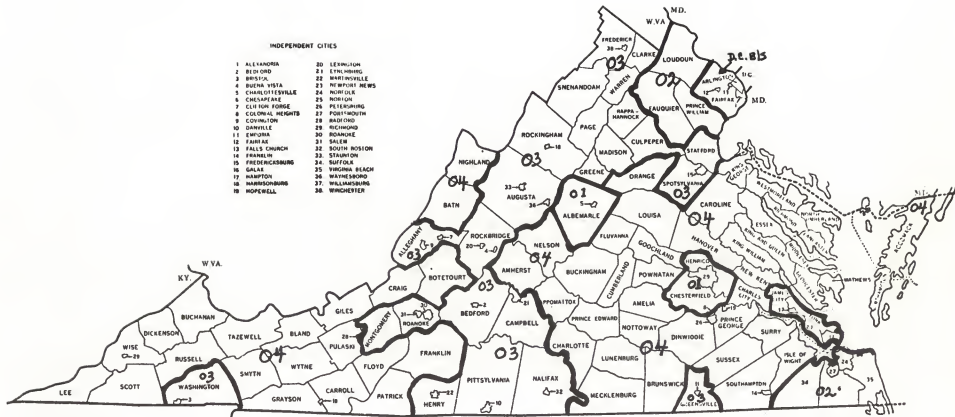
One Locality - Statewide

LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEDURE DESCRIPTION	02	02	
01 INITIAL LIMITED OFFICE VISIT	10.00	15.00	01
02 INITIAL COMP OFFICE VISIT	25.00	31.90	02
03 MINIMAL OFFICE VISIT	5.00	6.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.00	10.00	04
05 ROUTINE BRIEF HOME VISIT	12.00	12.80	05
06 INITIAL BRIEF HOSPITAL VISIT	26.00	30.00	06
07 INITIAL COMP HOSPITAL VISIT	30.00	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	9.00	10.00	08
09 BIOPSY SKIN	19.10	25.00	09
10 RADICAL MASTECTOMY		500.00	10
11 REDUCTION OF FRACTURE		638.00	11
12 ARTHOTMY	10.00	18.00	12
13 NEEDLE PUNCTURE OF BURSA			13
14 BRONCHOSCOPY		95.70	14
15 THORACENTESIS	20.00	25.00	15
16 CATHETERIZATION			16
17 INSERTION OF PACEMAKER			17
18 BLOOD TRANSFUSION	11.00	25.00	18
19 COLECTOMY		500.00	19
20 APPENDECTOMY	250.00	275.00	20
21 SIGMOIDOSCOPY	25.00	23.00	21
22 HEMORRHOIDECTOMY			22
23 CHOLECYSTECTOMY	435.00	446.60	23
24 REPAIR HERNIA	250.00	261.00	24
25 CYSTOSCOPY	100.00	75.00	25
26 DILATION OF URETHRA			26
27 PROSTATECTOMY		560.00	27
28 ELECTROSECTION OF PROSTATE		560.00	28
29 HYSTERECTOMY		500.00	29
30 EXTRACTION OF LENS		500.00	30
31 X-RAY CHEST		4.50	31
32 X-RAY SPINE		23.00	32
33 X-RAY HIP		5.00	33
34 X-RAY STOMACH		17.50	34
35 X-RAY COLON		16.50	35
36 COBALT		7.00	36
37 RADIOTHERAPY		13.00	37
38 HEMOGLOBIN	2.10	3.00	38
39 WHITE CELL COUNT	3.50	2.00	39
40 COMPLETE BLOOD COUNT	7.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	5.00	5.00	41
42 HEMATOCRIT	3.00	3.00	42
43 PROTHROMBIN	6.00	3.50	43
44 SEDIMENTATION RATE	3.50	4.00	44
45 BLOOD SUGAR	5.00	5.00	45
46 BUN UREA NITRATE	5.00	3.50	46
47 PAP TEST	8.00	5.00	47
48 URINALYSIS	3.00	3.00	48
49 ELECTROCARDIOGRAM	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH		25.50	50

# VIRGINIA

## INDEPENDENT CITIES

1 ALEXANDRIA	20 LEXINGTON
2 BEDFORD	21 LYNCHBURG
3 BRISTOL	22 NORTHERN NEWS
4 BUENA VISTA	23 NORFOLK
5 CHARLOTTESVILLE	24 NORFOLK
6 CHESAPEAKE	25 NORFOLK
7 CLINTON FORGE	26 PETERSBURG
8 COLONIAL HEIGHTS	27 PORTSMOUTH
9 CORTLANDT	28 RICHMOND
10 DANVILLE	29 RICHMOND
11 EMPORIA	30 ROANOKE
12 FAIRFAX	31 SALEM
13 FALLS CHURCH	32 SOUTH RICHMOND
14 FRANKLIN	33 STAUNTON
15 FREDERICKSBURG	34 SUFFOLK
16 GALLIE	35 VIRGINIA BEACH
17 HAMPTON	36 WAYNESBORO
18 HARRISONBURG	37 WILLIAMSBURG
19 HOPEWELL	38 WINCHESTER



Four Localities:

01- Richmond metropolitan area and Charlottesville - Henrico, Chesterfield, and Albemarle Counties.

02- Tidewater and Northern Virginian Counties - Loudon, Fauquier, Prince William, James City, York Counties and the Suffolk, Portsmouth, Norfolk, Chesapeake, Virginia City area.

03- Small towns and industrial - Washington, Henry, Pittsylvania, Halifax, Greensville, Campbell, Bedford, Roanoke, Montgomery, Alleghany, Rockbridge, Augusta, Greene, Rockingham, Page, Madison, Culpeper, Rappahannock, Shenandoah, Warren, Frederick, Clarke, Stafford, and Spotsylvania Counties.

04- Extremely rural - all other Counties.

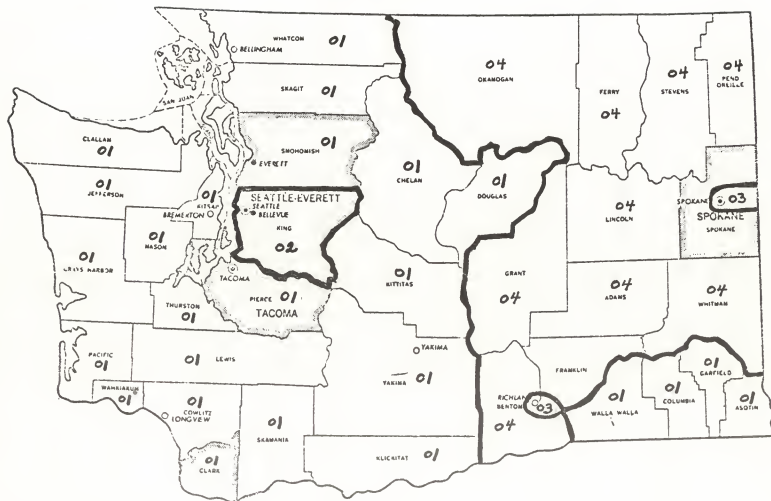
(Note: Alexandria, Arlington, and Fairfax are carried by the Washington D.C. carrier.)

## 1977 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY

VIRGINIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
01 INITIAL LIMITED OFFICE VISIT	12.80	10.00	10.00	10.00	15.00	15.00	12.80	10.00	01
02 INITIAL COMP OFFICE VISIT	31.90	30.00	22.00	23.00	44.70	44.70	31.90	35.00	02
03 MINIMAL OFFICE VISIT	8.90	8.90	7.70	7.70	12.00	12.00	8.90	8.90	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	8.90	7.70	7.70	12.00	12.00	8.90	8.90	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.80	10.00	12.00	18.00	19.10	12.80	12.00	05
06 INITIAL BRIEF HOSPITAL VISIT	31.90	31.90	25.50	25.50	50.00	44.70	38.30	35.00	06
07 INITIAL COMP HOSPITAL VISIT	31.90	31.90	25.50	25.50	50.00	44.70	38.30	35.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	11.50	8.90	7.70	8.85	12.00	12.80	8.90	8.90	08
09 BIOPSY SKIN	21.00	21.00	21.00	21.00	25.50	25.00	25.50	25.50	09
10 RADICAL MASTECTOMY	560.00	560.00	560.00	560.00	600.00	560.00	510.40	574.20	10
11 REDUCTION OF FRACTURE	574.20	574.20	574.20	574.20	574.20	574.20	542.30	510.40	11
12 ARTHOTOMY	10.00	12.80	10.00	10.00	15.00	12.80	12.00	12.80	12
13 NEEOLE PUNCTURE OF BURSA	15.00	15.00	10.00	10.00	15.00	14.00	12.80	12.80	13
14 BRONCHOSCOPY	127.60	127.60	127.60	127.60	125.00	134.00	125.00	100.00	14
15 THORACENTESIS	19.10	19.10	25.00	19.10	44.70	60.00	35.00	44.70	15
16 CATHETERIZATION	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	16
17 INSERTION OF PACEMAKER	625.00	625.00	625.00	625.00	625.00	625.00	625.00	625.00	17
18 BLOOD TRANSFUSION	6.40	6.40	6.40	6.40	6.40	6.40	6.40	6.40	18
19 COLECTOMY	600.00	600.00	600.00	600.00	600.00	648.00	574.20	579.30	19
20 APPENDECTOMY	300.00	300.00	300.00	300.00	287.10	300.00	300.00	300.00	20
21 SIGMOIDOSCOPY	20.00	20.00	19.10	20.00	23.00	30.00	21.70	25.00	21
22 HEMORRHOIDECTOMY	250.00	250.00	250.00	250.00	255.20	245.00	220.00	175.00	22
23 CHOLECYSTECTOMY	446.60	446.60	446.60	446.60	478.50	500.00	446.60	398.80	23
24 REPAIR HERNIA	287.10	287.10	287.10	287.10	299.90	300.00	264.10	250.00	24
25 CYSTOSCOPY	42.00	42.00	42.00	42.00	38.30	55.00	40.00	36.00	25
26 DILATION OF URETHRA	12.80	12.80	12.80	14.60	10.00	12.00	12.80	10.00	26
27 PROSTATECTOMY	612.50	612.50	612.50	612.50	720.00	574.20	560.00	446.60	27
28 ELECTROSECTION OF PROSTATE	612.50	612.50	612.50	612.50	612.50	612.50	574.20	395.60	28
29 HYSTERECTOMY	500.00	500.00	500.00	500.00	450.00	500.00	477.20	477.20	29
30 EXTRACTION OF LENS	500.00	500.00	500.00	500.00	550.00	500.00	450.00	500.00	30
31 X-RAY CHEST	15.30	15.00	15.00	15.00	18.50	12.00	12.80	13.50	31
32 X-RAY SPINE	25.00	24.00	24.00	22.30	27.00	18.00	31.90	27.00	32
33 X-RAY HIP	24.00	24.00	24.00	24.00	24.90	24.00	25.50	25.50	33
34 X-RAY STOMACH	51.00	51.00	51.00	51.00	57.00	48.00	50.00	50.00	34
35 X-RAY COLON	48.00	48.00	48.00	48.00	48.00	42.00	44.70	45.00	35
36 COBALT	17.90	17.90	17.90	17.90	19.10	19.10	19.10	19.10	36
37 RADIOTHERAPY	31.90	31.90	31.90	31.90	31.90	31.90	31.90	31.90	37
38 HEMOGLOBIN	3.00	3.00	3.00	2.50	3.00	2.00	2.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	7.50	8.00	7.00	8.00	8.00	8.00	7.00	40
41 CHOLESTERAL BLOOD COUNT	5.85	5.50	8.00	6.00	6.00	5.00	6.00	7.00	41
42 HEMATOCRIT	5.00	5.00	3.00	3.00	5.00	3.00	3.00	3.00	42
43 PROTHROMBIN	5.00	6.00	5.00	6.00	5.00	5.00	5.00	5.00	43
44 SEDIMENTATION RATE	5.00	4.00	4.00	6.00	5.00	3.00	3.00	3.50	44
45 BLOOD SUGAR	5.00	5.00	5.00	5.00	6.00	5.00	5.00	6.00	45
46 BUN UREA NITRATE	5.00	5.00	7.00	5.00	6.00	5.00	5.00	6.00	46
47 PAP TEST	6.00	6.00	8.00	7.00	6.00	6.00	6.00	6.00	47
48 URINALYSIS	3.00	3.00	3.00	3.00	5.00	4.00	3.00	3.75	48
49 ELECTROCARDIOGRAM	19.10	18.00	15.00	15.00	19.10	19.10	16.00	16.00	49
50 ELECTROENCEPHALOGRAM	51.00	51.00	51.00	51.00	50.00	38.30	50.00	51.00	50

# WASHINGTON



## Four Localities:

- 01 - Seattle-Washington Physicians Service, 18 bureaus - rest of State
- 02 - King County Medical Blue Shield - King County
- 03 - (MSCEW) - Spokane and Richland-Pasco-Kennewick metropolitan areas  
(FOR GENERAL FRACTIONER ONLY)
- 04 - Medical Service Corporation of Eastern Washington - Adams, Benton, Ferry, Franklin, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, and Whitman Counties

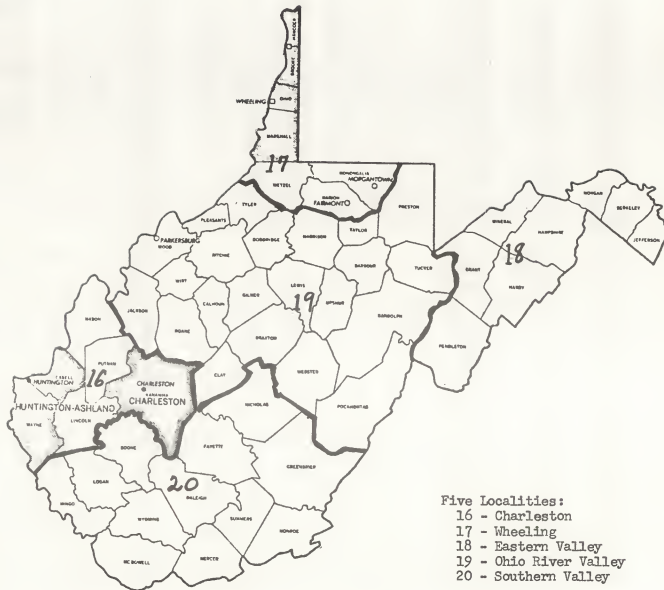
## 1977 PREVAILING CHARGE SUMMARY DATA

## WASHINGTON PHYSICIANS SERVICE

## WASHINGTON

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST				
	02	04	01	03	02	04	01	03	
01 INITIAL LIMITED OFFICE VISIT	12.80	11.00	12.40	11.00	15.00	11.00	12.80		01
02 INITIAL COMP OFFICE VISIT	38.30	31.90	38.30	31.30	44.70	44.70	47.90		02
03 MINIMAL OFFICE VISIT	6.00	5.60	7.50	5.00	6.00	4.00	8.40		03
04 ROUTINE BRIEF OFFICE VISIT	10.00	9.00	8.90	9.00	10.90	10.00	10.20		04
05 ROUTINE BRIEF HOME VISIT	19.20	15.00	15.30	15.00	19.20	16.50	19.20		05
06 INITIAL BRIEF HOSPITAL VISIT	25.00	24.00	24.30	24.60	25.00	40.00	28.50		06
07 INITIAL COMP HOSPITAL VISIT	38.30	40.00	46.00	36.30	44.70	50.00	46.00		07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	9.60	8.90	10.00	12.80	11.50	11.50		08
09 BIOPSY SKIN	25.00		23.70	20.10	25.00	21.50	25.80		09
10 RADICAL MASTECTOMY	648.00				650.00		536.10		10
11 REDUCTION OF FRACTURE	360.00*				365.00*	660.00	714.80		11
12 ARTHOTMY	18.50	22.00	21.00	18.00	19.20	22.70	16.00		12
13 NEEDLE PUNCTURE OF BURSA	17.50	15.00	15.30	14.00	16.00	16.00			13
14 BRONCHOSCOPY	135.00				135.00	180.00	114.90		14
15 THORACENTESIS	31.90		26.00	25.00	27.50		23.80		15
16 CATHETERIZATION	150.00				150.00				16
17 INSERTION OF PACEMAKER	510.60				510.60	801.20			17
18 BLOOD TRANSFUSION	3.50				3.50				18
19 COLECTOMY	648.00				630.00	610.00	640.00		19
20 APPENDECTOMY	325.00				325.00		342.00		20
21 SIGMOIDOSCOPY	25.00	20.10	24.00	20.00	25.00	24.00	25.00		21
22 HEMORRHOIDECTOMY	252.00				250.00		231.00		22
23 CHOLECYSTECTOMY	493.00		450.00		525.00	475.00	507.50		23
24 REPAIR HERNIA	306.00	250.00	268.00	232.40	315.00	270.00	312.70		24
25 CYSTOSCOPY	38.30				38.30	35.00	40.00		25
26 DILATION OF URETHRA	19.20			20.10	19.20	18.00	22.90		26
27 PROSTATECTOMY	700.00				700.00	580.00	700.00		27
28 ELECTROSECTION OF PROSTATE	714.80				714.00	580.00	700.00		28
29 HYSTERECTOMY	600.00				600.00		594.00		29
30 EXTRACTION OF LENS	638.20				638.20	600.00	638.20		30
31 X-RAY CHEST	16.00	22.00	15.30	22.00	17.75	24.00	12.00		31
32 X-RAY SPINE	22.50		23.00	24.00	31.00	25.00	25.50		32
33 X-RAY HIP	17.50		26.25	25.10	16.00	22.50	30.60		33
34 X-RAY STOMACH	40.00		49.00		53.60	46.00	51.10		34
35 X-RAY COLON	52.50		43.10		55.00	42.50	48.50		35
36 COBALT	27.50				27.50				36
37 RADIOTHERAPY	27.50				27.50		30.60		37
38 HEMOGLOBIN	3.00	3.30	3.00	3.30	3.00	3.30	2.80		38
39 WHITE CELL COUNT	3.00	4.00	3.00	3.30	3.00	3.30	2.75		39
40 COMPLETE BLOOD COUNT	8.00	9.10	8.90	9.10	8.00	9.00	8.00		40
41 CHOLESTERAL BLOOD COUNT	6.00	10.00	7.50	9.90	6.00	9.00	7.00		41
42 HEMATOCRIT	3.00	4.00	3.00	3.50	3.00	3.50	2.80		42
43 PROTHROMBIN	6.00	8.50	6.00	8.30	6.00	8.30	6.00		43
44 SEDIMENTATION RATE	4.00	5.10	4.80	5.10	4.00	4.50	4.20		44
45 BLOOD SUGAR	6.50	8.50	7.50	8.30	6.00	7.00	7.50		45
46 BUN UREA NITRATE	7.00	8.30	6.60	8.30	6.50	7.00	6.50		46
47 PAP TEST	10.00	8.00	9.00	10.00	8.00	6.90	9.30		47
48 URINALYSIS	4.00	4.10	4.00	4.10	4.00	4.10	4.00		48
49 ELECTROCARDIOGRAM	20.00	20.70	23.00	22.50	20.00	20.70	23.00		49
50 ELECTROENCEPHALOGRAM	55.00				55.00		75.00		50

# WEST VIRGINIA



Five Localities:  
 16 - Charleston  
 17 - Wheeling  
 18 - Eastern Valley  
 19 - Ohio River Valley  
 20 - Southern Valley



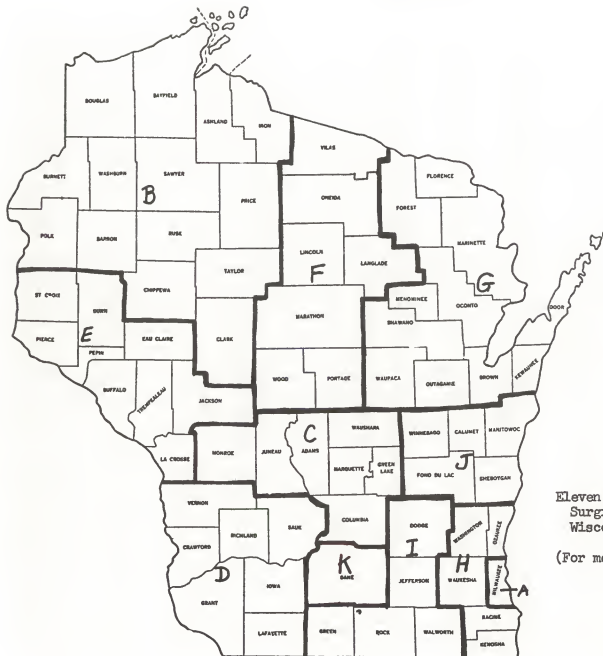
## 1977 PREVAILING CHARGE SUMMARY DATA

## NATIONWIDE MUTUAL INSURANCE CO.

## WEST VIRGINIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
	16	17	18	19	20	16	17	18	19	20
01 INITIAL LIMITEO OFFICE VISIT	15.00	20.00	12.00	12.80	12.80	15.30	19.10	15.00	12.80	11.25
02 INITIAL COMP OFFICE VISIT	30.00	25.00	30.00	32.00	32.00	50.00	38.30	35.00	28.00	33.10
03 MINIMAL OFFICE VISIT	3.00	2.00	5.00	3.00	3.00	3.00	4.00	5.00	3.00	3.00
04 ROUTINE BRIEF OFFICE VISIT	8.00	7.70	7.70	6.40	7.70	10.20	10.00	9.00	10.00	10.00
05 ROUTINE BRIEF HOME VISIT	15.00	12.80	10.00	12.00	12.80	20.00	15.00	19.10	15.00	12.00
06 INITIAL BRIEF HOSPITAL VISIT	25.50	23.70	25.50	20.40	23.00	44.70	31.90	40.00	29.30	25.00
07 INITIAL COMP HOSPITAL VISIT	31.90	25.00	28.00	31.90	20.00	50.00	25.00	40.00	35.00	24.00
08 ROUTINE BRIEF HOSPITAL VISIT	8.90	7.70	7.70	7.70	8.90	10.20	10.00	12.00	10.00	8.00
09 BIOPSY SKIN	15.00	19.10	19.10	19.10	19.10	25.00	15.00	27.50	25.00	27.50
10 RADICAL MASTECTOMY	575.00	575.00	575.00	575.00	575.00	540.00	500.00	600.00	430.00	600.00
11 REDUCTION OF FRACTURE	510.40	510.40	510.40	510.40	510.40	574.20	587.00	638.00	455.00	600.00
12 ARTHOTMY	19.10	12.80	18.00	12.80	15.00	18.00	25.50	19.10	12.80	19.10
13 NEEDLE PUNCTURE OF BURSA	18.00	15.00	18.00	18.00	6.00	12.80	12.80	12.80	12.80	12.80
14 BRONCHOSCOPY	127.60	127.60	127.60	127.60	127.60	127.60	125.00	127.60	100.00	100.00
15 THORACENTESIS	30.00	30.00	30.00	31.90	30.00	31.90	44.70	44.70	30.00	31.90
16 CATHETERIZATION	319.00	319.00	319.00	319.00	319.00	191.40	191.40	191.40	191.40	191.40
17 INSERTION OF PACEMAKER	765.60	765.60	765.60	765.60	765.60	574.20	574.20	574.20	574.20	574.20
18 BLOOD TRANSFUSION	13.20	10.00	13.20	13.20	13.20	10.00	13.20	13.20	15.00	13.20
19 COLECTOMY	625.00	625.00	625.00	625.00	625.00	600.00	600.00	638.00	580.00	520.00
20 APPENDECTOMY	250.00	250.00	250.00	250.00	250.00	300.00	300.00	300.00	300.00	300.00
21 SIGMOIDOSCOPY	30.00	25.00	25.00	31.90	25.00	30.00	19.10	25.00	25.00	25.50
22 HEMORRHOIDECTOMY	270.00	270.00	270.00	270.00	270.00	261.00	300.00	300.00	175.00	300.00
23 CHOLECYSTECTOMY	497.60	400.00	497.60	433.80	497.60	450.00	382.80	450.00	433.80	382.80
24 REPAIR HERNIA	287.10	250.00	287.10	287.10	287.10	270.00	225.20	319.00	265.00	255.20
25 CYSTOSCOPY	50.00	50.00	50.00	50.00	50.00	45.00	44.70	50.00	25.50	40.50
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	15.00	12.80	15.30	15.00	15.00
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	510.40	600.00
28 ELECTROSECTION OF PROSTATE	480.00	446.60	446.60	446.60	446.60	612.50	560.00	480.00	510.40	528.00
29 HYSTERECTOMY	574.20	574.20	574.20	574.20	574.20	574.20	525.00	574.20	574.20	574.20
30 EXTRACTION OF LENS	550.00	550.00	550.00	550.00	550.00	510.40	500.00	500.00	500.00	497.60
31 X-RAY CHEST	15.00	20.00	20.00	20.00	15.00	15.00	21.00	10.20	18.00	15.30
32 X-RAY SPINE	20.00	19.10	19.10	35.00	24.40	25.50	35.00	19.10	9.50	30.00
33 X-RAY HIP	25.00	25.00	25.00	25.00	25.00	23.00	23.00	23.00	19.10	26.00
34 X-RAY STOMACH	31.90	31.90	31.90	45.00	40.00	31.90	35.00	30.00	25.50	21.00
35 X-RAY COLON	37.00	37.00	37.00	37.00	37.00	35.00	14.00	14.00	11.50	14.00
36 COBALT	15.00	15.00	15.00	15.00	15.00	14.00	23.00	23.00	33.00	23.00
37 RADIO THERAPY	15.00	15.00	15.00	15.00	15.00	4.00	3.00	3.00	3.00	2.20
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	2.00	2.25	3.00	2.00	3.00
39 WHITE CELL COUNT	3.00	2.50	3.00	3.00	2.50	2.00	2.25	3.00	2.00	3.00
40 COMPLETE BLOOD COUNT	15.00	6.00	6.00	8.00	8.00	8.00	9.75	9.00	9.00	6.00
41 CHOLESTERAL BLOOD COUNT	10.00	5.00	5.00	6.00	8.00	8.00	8.00	5.00	6.00	5.00
42 HEMATOCRIT	4.00	2.50	3.00	3.00	2.00	4.00	5.00	2.00	2.50	2.00
43 PROTHROMBIN	8.00	5.00	4.00	6.00	5.00	4.00	4.00	5.00	6.00	5.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	2.00	4.00	3.00	5.00	4.00	3.00	3.00
45 BLOOD SUGAR	8.00	5.00	5.00	6.00	6.50	6.00	4.25	6.00	6.00	6.00
46 BUN UREA NITRATE	10.00	5.00	5.00	8.00	8.00	8.00	4.00	6.00	6.00	5.00
47 PAP TEST	7.00	10.00	8.00	10.00	11.00	7.00	10.00	8.00	6.00	8.00
48 URINALYSIS	7.00	3.00	3.00	3.00	4.00	5.00	4.00	3.00	3.00	3.00
49 ELECTROCARDIOGRAM	15.00	15.00	19.10	20.00	15.30	19.10	20.00	19.10	15.00	19.10
50 ELECTROENCEPHALOGRAM	44.70	44.70	44.70	44.70	44.70	51.00	51.00	51.00	51.00	51.00

# WISCONSIN



## Eleven Localities:

Surgical Care - Blue Shield Wisconsin - A

Wisconsin Physicians Service - B, C, D, E, F,

G, H, I, J, K

(For more locality information see Appendix A)

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	MILWAUK	MILWAUK	
01 INITIAL LIMITED OFFICE VISIT	15.00	13.00	01
02 INITIAL COMP OFFICE VISIT	30.00	38.30	02
03 MINIMAL OFFICE VISIT	8.90	10.00	03
04 ROUTINE BRIEF OFFICE VISIT	8.90	12.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	17.50	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	35.00	06
07 INITIAL COMP HOSPITAL VISIT	44.70	44.70	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.80	13.40	08
09 BIOPSY SKIN	24.00	22.00	09
10 RADICAL MASTECTOMY	535.90	560.00	10
11 REDUCTION OF FRACTURE	535.90	510.40	11
12 ARTHOTMY	15.00	19.10	12
13 NEEDLE PUNCTURE OF BURSA	31.60	24.00	13
14 BRONCHOSCOPY	191.40	191.40	14
15 THORACENTESIS	53.60	44.70	15
16 CATHETERIZATION	160.00*	160.00*	16
17 INSERTION OF PACEMAKER	562.50*	562.50*	17
18 BLOOD TRANSFUSION			18
19 COLECTOMY	689.00	720.00	19
20 APPENDECTOMY	315.00	315.00	20
21 SIGMOIDOSCOPY	35.00	35.00	21
22 HEMORRHOIDECTOMY	268.00	280.00	22
23 CHOLECYSTECTOMY	459.40	478.50	23
24 REPAIR HERNIA	269.60	280.00	24
25 CYSTOSCOPY	76.60	68.00	25
26 DILATION OF URETHRA	12.80	12.00	26
27 PROSTATECTOMY	612.50	625.20	27
28 ELECTROSECTION OF PROSTATE	612.50	612.50	28
29 HYSTERECTOMY	574.20	574.20	29
30 EXTRACTION OF LENS	612.50	632.00	30
31 X-RAY CHEST	15.80	5.10	31
32 X-RAY SPINE	25.50	10.20	32
33 X-RAY HIP	24.00	7.00	33
34 X-RAY STOMACH	45.00	19.10	34
35 X-RAY COLON	38.30	17.90	35
36 COBALT	10.00	12.80	36
37 RADIO THERAPY			37
38 HEMOGLOBIN	4.00	5.00	38
39 WHITE CELL COUNT	5.00	4.00	39
40 COMPLETE BLOOD COUNT	10.00	12.00	40
41 CHOLESTERAL BLOOD COUNT	7.10	6.00	41
42 HEMATOCRIT	5.00	4.00	42
43 PROTHROMBIN	7.00	8.00	43
44 SEDIMENTATION RATE	5.00	4.00	44
45 BLOOD SUGAR	7.00	6.00	45
46 BUN UREA NITRATE	7.00	6.00	46
47 PAP TEST	8.00	9.50	47
48 URINALYSIS	5.00	5.00	48
49 ELECTROCARDIOGRAM	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH	50.00	13.00	50

## 1977 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE

## WISCONSIN

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
	B-12	C-13	D-14	K-15	E-19	B-12	C-13	D-14	K-15	E-19
01 INITIAL LIMITED OFFICE VISIT	12.00	12.80	15.00	15.00	14.00	12.80	9.00	16.00	32.50	37.20
02 INITIAL COMP OFFICE VISIT	30.00	25.20	30.00	30.00	25.00	45.00	35.30	40.00	40.00	44.70
03 MINIMAL OFFICE VISIT	3.80	3.00	4.00	5.00	3.00	6.00	3.80	4.00	6.00	5.30
04 ROUTINE BRIEF OFFICE VISIT	7.70	7.70	7.50	7.70	7.20	7.70	8.90	8.00	10.00	10.20
05 ROUTINE BRIEF HOME VISIT	10.00	10.00	12.00	15.00	12.80	11.00	8.90	15.30	16.10	5.20
06 INITIAL BRIEF HOSPITAL VISIT	22.00	19.10	19.10	26.80	20.00	23.00	19.10	31.90	42.00	31.90
07 INITIAL COMP HOSPITAL VISIT	46.00	40.00	40.00	85.60	45.90	45.00	63.00	50.00	47.60	44.70
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	7.70	6.00	7.70	7.70	7.70	7.00	7.70	10.00	8.90
09 BIOPSY SKIN	19.10	17.00	15.30	19.10	24.20	19.10	21.00	19.10	25.00	19.00
10 RADICAL MASTECTOMY	446.60	528.00	528.00	528.00	528.00	530.60	490.00	535.90	630.00	577.50
11 REDUCTION OF FRACTURE	570.00	478.50	540.00	540.00	446.60	623.60	612.50	612.50	714.62	742.50
12 ARTHOTOMY	12.80	12.00	8.90	12.80	14.00	24.40	22.00		20.00	19.10
13 NEEDLE PUNCTURE OF BURSA	10.00	14.00	15.00	18.00	15.30	12.80	14.00	12.00	20.00	20.40
14 BRONCHOSCOPY						95.70	114.80	114.80	135.00	150.00
15 THORACENTESIS	25.50	31.90	25.50	25.50	31.90	31.90	21.00	20.00	31.90	50.00
16 CATHETERIZATION						220.00	220.00	220.00	210.00	206.30
17 INSERTION OF PACEMAKER						638.00	765.60	765.60	893.20	893.20
18 BLOOD TRANSFUSION	10.00	10.00	7.50	10.00	10.00	10.50	15.00	8.50	17.90	15.00
19 COLECTOMY	570.00	612.50	612.50	685.00	685.00	560.00	612.50	612.50	714.60	660.00
20 APPENDECTOMY	283.00	306.20	306.20	320.00	285.00	274.30	280.00	306.20	360.00	330.00
21 SIGMOIDOSCOPY	20.00	25.50	20.00	23.00	23.00	20.00	31.90	25.00	25.50	31.90
22 HEMORRHOIDECTOMY	210.00	240.00	229.70	240.00	210.00	195.00	229.70	245.00	270.00	288.80
23 CHOLECYSTECTOMY	456.00	535.50	453.00	480.00	450.00	363.70	459.40	459.40	540.00	495.00
24 REPAIR HERNIA	266.00	268.00	229.70	297.50	280.00	250.00	280.00	255.20	315.00	288.80
25 CYSTOSCOPY						31.90	38.30	38.30	38.30	41.30
26 DILATION OF URETHRA	10.00	12.00	12.80	17.90	15.00	18.00	12.00	12.00	11.50	12.40
27 PROSTATECTOMY	450.00	450.00	450.00	450.00	450.00	510.40	612.50	612.50	612.50	660.00
28 ELECTROSECTION OF PROSTATE	612.50		612.50	632.00	632.00	510.40	612.50	612.50	612.50	660.00
29 HYSTERECTOMY	446.60	459.40	459.40	560.00	560.00	446.60	535.90	535.90	625.20	600.00
30 EXTRACTION OF LENS						450.00	612.50	560.00	574.20	612.50
31 X-RAY CHEST	12.00	13.50	10.00	15.00	14.00	5.00	6.00	6.00	6.00	6.50
32 X-RAY SPINE	25.50	24.00	20.00	30.40	23.00	7.50	10.00	10.00	10.00	10.00
33 X-RAY HIP	14.00	23.80	20.00	23.80	23.80	9.20	9.00	9.00	7.70	7.80
34 X-RAY STOMACH	25.00	30.00	25.50	40.00	44.00	15.00	20.00	20.00	17.50	21.00
35 X-RAY COLON	35.00	31.90	25.50	47.00	39.60	15.00	18.00	18.00	17.00	21.80
36 COBALT						10.00	10.00	10.00	9.00	17.70
37 RADIO THERAPY						15.00	15.00	15.00	12.00	12.10
38 HEMOGLOBIN	3.00	3.50	3.00	3.20	3.00	3.00	2.00	2.50	3.00	3.30
39 WHITE CELL COUNT	3.00	3.50	3.00	3.20	3.30	3.50	3.00	2.50	3.00	3.30
40 COMPLETE BLOOD COUNT	10.00	6.00	8.00	8.80	10.80	8.00	6.00	8.00	12.00	9.80
41 CHOLESTERAL BLOOD COUNT	7.00	6.00	5.50	8.00	6.60	7.50	5.50	6.00	6.00	7.00
42 HEMATOCRIT	2.50	3.00	5.00	3.00	3.00	3.50	1.80	2.50	3.00	2.90
43 PROTHROMBIN	5.00	5.50	4.40	5.50	5.00	5.00	5.00	5.00	5.30	5.10
44 SEDIMENTATION RATE	4.00	2.00	5.00	4.30	4.50	4.00	4.00	4.00	4.20	4.50
45 BLOOD SUGAR	8.00	5.50	5.00	6.00	6.00	7.00	5.00	7.00	7.00	6.00
46 BUN UREA NITRATE	6.00	5.00	6.00	5.50	5.00	7.00	5.50	1.00	6.00	6.20
47 PAP TEST	7.00	6.00	8.00	4.50	7.00	7.00	7.50	7.00	7.00	6.60
48 URINALYSIS	3.00	3.50	3.00	4.40	4.00	3.50	3.00	3.00	4.20	4.50
49 ELECTROCARDIOGRAM	20.00	17.00	15.00	18.00	21.00	20.00	16.00	16.00	18.50	17.70
50 ELECTROENCEPHALOGRAM	45.00	45.00	45.00	45.00	45.00	47.10	47.10	47.10	50.00	47.10

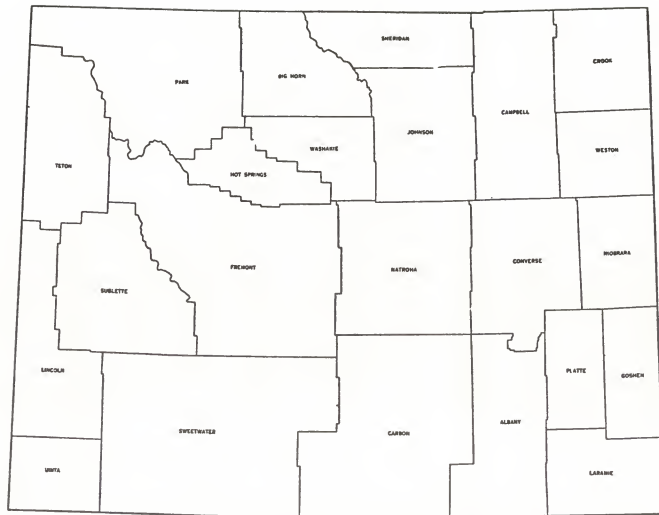
## 1977 PREVAILING CHARGE SUMMARY DATA

## WISCONSIN PHYSICIANS SERVICE

## WISCONSIN

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST					
	F-36	G-40	H-46	I-54	J-60	F-36	G-40	H-46	I-54	J-60	
01 INITIAL LIMITED OFFICE VISIT	15.30	15.30	18.00	15.00	15.00	15.00	20.00	20.00	16.00	16.00	01
02 INITIAL COMP OFFICE VISIT	30.00	30.00	30.00	25.50	29.40	38.30	35.00	44.70	38.30	44.70	02
03 MINIMAL OFFICE VISIT	4.00	3.80	5.00	3.80	4.00	6.40	3.80	5.10	5.00	5.10	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	6.40	8.90	7.70	7.70	7.70	7.70	10.00	8.90	9.00	04
05 ROUTINE BRIEF HOME VISIT	12.80	12.00	15.00	12.80	10.00	8.00	12.80	18.00	16.00	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	23.00	25.50	30.60	25.50	25.00	31.90	35.00	44.70	31.90	38.30	06
07 INITIAL COMP HOSPITAL VISIT	40.00	44.70	56.00	48.00	40.00	45.90	50.00	60.00	44.70	60.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	7.70	7.70	8.90	8.90	7.70	10.00	10.20	12.80	8.90	10.00	08
09 BIOPSY SKIN	20.00	25.00	15.00	19.10	19.10	18.00	19.10	25.00	21.00	25.00	09
10 RAIOCAL MASTECTOMY	528.00	490.00	528.00	528.00	528.00	535.90	535.90	535.90	500.00	574.20	10
11 REDUCTION OF FRACTURE	540.00	434.00	540.00	540.00		714.60	574.20	612.50	638.00	612.50	11
12 ARTHOTMY	15.30	12.80	15.00	15.00	17.00	12.80	12.80	19.10	18.50	19.10	12
13 NEEOLE PUNCTURE OF BURSA	12.80	16.00	19.10	15.30	12.80	18.00	12.00	15.30	15.00	15.00	13
14 BRONCHOSCOPY						140.40	127.60	147.40	114.80	114.80	14
15 THORACENTESIS	24.00	25.00	30.00	25.50	31.90	31.90	30.00	25.00	38.30	35.00	15
16 CATHETERIZATION						181.50	63.80	220.00	220.00	220.00	16
17 INSERTION OF PACEMAKER						765.60	800.00	829.40	765.60	765.60	17
18 BLOOD TRANSFUSION	10.00	15.30	10.00	10.00	10.00	15.00	9.60	15.00	10.00	12.80	18
19 COLECTOMY	612.50	612.50	500.00	612.50	612.50	614.40	560.00	459.40	612.50	612.50	19
20 APPENOECTOMY	306.20	255.20	306.20	280.70	306.20	306.20	285.00	316.00	320.00	350.00	20
21 SIGMOIDOSCOPY	25.00	25.00	30.00	25.00	31.80	23.00	30.00	31.90	25.50	31.90	21
22 HEMORRHOIDECTOMY	229.70	191.40	240.00	229.70	248.80	243.00	229.70	255.20	250.10	229.70	22
23 CHOLECYSTECTOMY	405.00	446.60	420.00	459.40	440.00	459.40	459.40	490.00	518.10	478.50	23
24 REPAIR HERNIA	243.00	268.00	285.00	287.10	268.00	268.00	268.00	297.00	315.00	268.00	24
25 CYSTOSCOPY						35.00	48.00	66.00	61.25	60.00	25
26 OILATION OF URETHRA	15.00	12.80	12.80	12.80	15.00	15.30	10.00	12.00	15.30	10.00	26
27 PROSTATECTOMY	450.00	450.00	450.00	450.00	450.00	612.50	612.50	660.00	612.50	612.50	27
28 ELECTROSECTION OF PROSTATE	612.50	612.50	632.00	612.50	612.50	606.10	612.50	660.00	700.00	612.50	28
29 HYSTERECTOMY	535.90	535.90	460.00	535.90	510.40	574.20	525.00	574.20	630.00	574.20	29
30 EXTRACTION OF LENS						612.50	560.00	638.00	561.40	510.40	30
31 X-RAY CHEST	15.00	15.00	15.00	15.00	13.00	6.40	6.00	6.00	5.10	6.40	31
32 X-RAY SPINE	30.00	25.00	28.00	25.50	22.50	10.50	9.00	10.00	9.50	10.20	32
33 X-RAY HIP	19.00	30.00	21.00	15.30	23.80	13.20	9.00	10.00	8.00	8.00	33
34 X-RAY STOMACH	30.00	42.00	45.90	19.10	38.30	28.00	20.00	19.10	17.50	31.90	34
35 X-RAY COLON	35.00	35.00	38.30	53.60	35.00	26.30	18.00	17.90	15.00	31.90	35
36 COSALT						10.00	10.00	10.00	8.00	7.00	36
37 RADIOOTHERAPY						14.40	15.00	9.00	5.00	15.00	37
38 HEMOGLOBIN	3.00	3.00	4.00	3.00	2.50	3.30	3.00	3.00	2.50	3.00	38
39 WHITE CELL COUNT	3.50	3.00	3.50	3.00	2.00	3.20	3.00	3.00	2.50	3.00	39
40 COMPLETE BLOOD COUNT	14.00	9.00	9.00	15.00	9.00	12.00	9.00	9.00	8.00	8.00	40
41 CHOLESTERAL BLOOD COUNT	6.50	6.00	5.00	6.50	5.00	8.00	5.00	7.50	6.00	6.00	41
42 HEMATOCRIT	3.00	3.00	3.00	3.00	2.50	3.20	3.00	3.00	2.50	3.00	42
43 PROTHROMBIN	5.50	5.00	5.50	5.00	5.00	5.50	5.00	5.50	5.00	5.50	43
44 SEDIMENTATION RATE	4.00	4.00	3.00	5.00	4.00	5.60	4.00	4.00	3.50	4.00	44
45 BLOOD SUGAR	7.00	6.00	6.00	6.00	5.00	8.00	6.00	6.80	6.00	6.00	45
46 BUN UREA NITRATE	8.00	5.00	5.00	6.00	5.00	6.50	5.00	7.50	6.00	6.00	46
47 PAP TEST	8.00	7.00	16.00	12.00	10.00	7.50	6.80	7.50	6.00	7.00	47
48 URINALYSIS	4.00	3.50	4.00	4.00	4.00	5.00	4.00	4.50	4.00	5.00	48
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	25.00	21.00	24.00	18.00	22.50	17.00	19.50	49
50 ELECTROENCEPHALOGRAM	45.00	45.00	45.00	45.00	45.00	47.10	47.10	47.10	42.00	47.10	50

# WYOMING



One Locality - Statewide



LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEURE OESCRPTION	05530	05530	
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	01
02 INITIAL COMP OFFICE VISIT	25.00	44.70	02
03 MINIMAL OFFICE VISIT	3.00	2.00	03
04 ROUTINE BRIEF OFFICE VISIT	7.70	8.90	04
05 ROUTINE BRIEF HOME VISIT	12.80	15.00	05
06 INITIAL BRIEF HOSPITAL VISIT	20.00	35.00	06
07 INITIAL COMP HOSPITAL VISIT	35.00	50.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	9.60	10.00	08
09 BIOPSY SKIN	16.80	15.00	09
10 RADICAL MASTECTOMY	446.70	510.60	10
11 REDUCTION OF FRACTURE	400.00	510.60	11
12 ARTHOTMY	10.30	15.00	12
13 NEEDLE PUNCTURE OF BURSA	10.00	12.50	13
14 BRONCHOSCOPY	108.00	104.70	14
15 THORACENTESIS	22.50	20.00	15
16 CATHETERIZATION	146.00	146.00	16
17 INSERTION OF PACEMAKER	600.00	574.40	17
18 BLOOD TRANSFUSION	10.00	10.00	18
19 COLECTOMY	450.00	522.00	19
20 APPENDECTOMY	255.30	285.00	20
21 SIGMOIDOSCOPY	16.00	19.20	21
22 HEMORRHOIDECTOMY	210.00	182.00	22
23 CHOLECYSTECTOMY	408.50	450.00	23
24 REPAIR HERNIA	250.00	255.30	24
25 CYSTOSCOPY	40.00	38.30	25
26 DILATION OF URETHRA	15.00	12.00	26
27 PROSTATECTOMY	600.00	520.00*	27
28 ELECTROSECTION OF PROSTATE	577.20	510.60	28
29 HYSTERECTOMY	577.20	574.40	29
30 EXTRACTION OF LENS	529.10	536.10	30
31 X-RAY CHEST	12.00	16.60	31
32 X-RAY SPINE	25.00	19.00	32
33 X-RAY HIP	18.00	16.50	33
34 X-RAY STOMACH	23.00	38.30	34
35 X-RAY COLON	26.50	38.30	35
36 COBALT	9.00	9.00	36
37 RADIOTHERAPY	10.00	10.00	37
38 HEMOGLOBIN	3.25	3.10	38
39 WHITE CELL COUNT	3.25	3.10	39
40 COMPLETE BLOOD COUNT	9.70	9.25	40
41 CHOLESTERAL BLOOD COUNT	8.10	7.70	41
42 HEMATOCRIT	3.25	3.10	42
43 PROTHROMBIN	5.60	5.40	43
44 SEDIMENTATION RATE	4.80	4.60	44
45 BLOOD SUGAR	8.10	7.70	45
46 BUN UREA NITRATE	8.10	7.70	46
47 PAP TEST	8.10	7.70	47
48 URINALYSIS	4.00	3.85	48
49 ELECTROCARDIOGRAM	17.00	19.20	49
50 ELECTROENCEPHALOGRAM	60.20	64.40*	50





APPENDIX A

## ALABAMA

## Six Localities:

- 01 Seven N.W. Counties: Colbert, Franklin, Lauderdale,  
Lawrence, Limestone, Madison, Morgan
- 02 Six North Central Counties: Calhoun, Dekalb, Etowah,  
Fayette, Marshall, Tuscaloosa
- 03 Eight S.E. Counties: Butler, Covington, Crenshaw,  
Dallas, Houston, Lee, Montgomery, Russell
- 04 Two S.W. Counties: Baldwin, Mobile (city)
- 05 One large Metropolitan County: Jefferson
- 06 Forty-one small Rural Counties:

Autauga	Henry
Barbour	Jackson
Bibb	Lamar
Blount	Lowndes
Bullock	Marengo
Chambers	Marion
Cherokee	Monroe
Chilton	Perry
Clark	Pickens
Clay	Pike
Cleburne	Randolph
Coffee	St. Clair
Conseuh	Shelby
Coosa	Sumter
Cullman	Talladega
Dale	Tallapoosa
Elmore	Walker
Escambia	Washington
Geneva	Wilcox
Groene	Winston
Hale	

ARIZONA

Six Localities:

01--Phoenix--Including Avondale, Chandler, Clearwater Hills, Cashion, Desert Sage, El Mirage, Gilbert, Glendale, Goodyear, Guadalupe, Litchfield Park, Mesa, Paradis Valley, Peoria, Scottsdale, Sun City, Surprise, Tempe, Tolleson, and Youngtown.

02--Tucson---including Casas Adobes, Catalina Foothills, Desert Steppes, Indiana Ridge Estates, Sherwood Village, South Tucson, and Vista Del Sahuaro.

05--Flagstaff

07--Prescott

08--Yuma

99--All other parts of the State

(City limits are exact boundaries of localities)

# CALIFORNIA

## Appendix A

Twenty-eight Localities - Conform to FSD Areas:

Blue Shield handles all of 1-14 and the Medicare/Medi-Cal claims from 15-28

Occidental handles non-Medi-Cal Claims from 15-28

There are 42 screens for California as a result of the overlap.

- 01 - Del Norte, Humboldt, Lake, Mendocino, Sonoma
- 02 - Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba
- 03 - Marin, Napa, Solano
- 04 - El Dorado, Nevada, Placer, Sacramento, Yolo
- 05 - San Francisco
- 06 - San Mateo
- 07 - Alameda & Contra Costa
- 08 - Alpine, Amador, Calaveras, San Joaquin & Tuolumne
- 09 - Santa Clara
- 10 - Mariposa, Merced, Stanislaus
- 11 - Madera, Fresno
- 12 - Monterey, San Benito, Santa Cruz
- 13 - Kings and Tulare
- 14 - Kern
- 15 - Inyo, Mono, San Bernardino
- 16 - San Luis, Obispo, Santa Barbara
- 17 - Ventura

(Localities 18 through 25 are composed of cities and parts of Los Angeles denoted by ZIP Codes)

- |      |   |   |  |
|------|---|---|--|
| 18 : | Altadena<br>Alhambra<br>San Marino<br>Tujunga<br>Glendale<br>San Gabriel<br>Temple City<br>Sunland  | Verdugo City<br>Pasadena<br>Garvey<br>Eagle Rock<br>Rosemead<br>La Crescenta<br>Montrose  | La Vina<br>El Monte<br>South Pasadena<br>Monterey Park<br>La Canada<br>South San Gabriel<br>Wilmar                       |
| 19 : | Avalon<br>Wilmington<br>Palos Verdes Estates<br>Long Beach  | Terminal Island<br>Hawaiian Gardens<br>Lakewood<br>San Pedro  | Dominguez<br>Harbor City<br>Palos Verdes Peninsula<br>Los Alamitos   |
| 20 : | Agoura<br>Palmdale<br>Chatsworth<br>Burbank<br>Hidden Hills<br>Olive View<br>Rosedale<br>San Fernando<br>Tarzana<br>Sun Valley<br>Lancaster | Littlerock<br>Canoga Park<br>Quartz Hill<br>Granada Hills<br>North Hollywood<br>Northridge<br>Panorama City<br>Sherman Oaks<br>Studio City<br>Woodland Hills<br>Toluca Lake | Calabasas<br>Pearblossom<br>Encino<br>Mission Hills<br>Newhall<br>Pacoima<br>Saugus<br>Sepulveda<br>Van Nuys<br>Sylmar   |
| 21 : | Commerce<br>Glendora<br>East Los Angeles<br>Rowland Heights<br>Norwalk<br>Valinda<br>Whittier<br>La Verne<br>Baldwin Park<br>Walnut         | Durate<br>La Mirada<br>Monrovia<br>Montebello<br><br>Santa Fe Springs<br>Claremont<br>Azusa<br>San Dimas  | Hacienda Heights<br>La Puente<br>Los Nietos<br>Sierra Madre<br>Pico Rivera<br>West Covina<br>Arcadia<br>Pomona<br>Covina |

## CALIFORNIA pg. 2

22 :	Culver City	Santa Monica	Malibu	25 :	Beverly Hills		
	Santelle	Marina del Rey	Venice		Los Angeles Postal Zones:		
	Mar Vista	Westwood	Ocean Park		90027	90028	
	Pacific Palisades	Palms	Playa del Rey		90036	90038	90029
	Los Angeles Postal Zones:				90048	90068	90046
	90034	90049	90064				90069
	90066	90073		26 :	Orange County		
23 :	Gardena	Rolling Hills	Hermosa Beach				
	Torrance	Lomita	Artesia	27 :	Riverside County		
	Manhattan Beach	Bell	Palos Verdes				
	Bellflower	Redondo Beach	Bell Gardens	28 :	San Diego & Imperial Counties.		
	Compton	Willowbrook	Downey				
	El Segundo	Home Gardens	Hawthorne				
	Huntington Park	Inglewood	Lynwood				
	Lawndale	Maywood	Lennox				
	Paramount	South Gate					
	Los Angeles Postal Zones:						
	90009	90045					
24 :	Los Angeles Postal Zones:	Metropolitan Center					
	90006	90013	90033				
	90008	90056	90007				
	90012	90023	90053				
	90043	90062	90018				
	90058	90005	90014				
	90035	90042	90059				
	90002	90016	90031				
	90003	90055	90004				
	90057	90020	90039				
	90037	90001	90010				
	90017	90065	90054				
	90047	90026	90019				
	90021	90011	90063				
	90061	90015	90051				
	90032	90044					

CONNECTICUT

## Four Localities:

- 01- Northwest and North Central - City of New London, Hartford County,  
Litchfield County (except New Milford, Washington, Bridgewater,  
and Roxbury Townships), Tolland County (except Willington,  
Coventry, Mansfield, and Columbia Townships), and Southbury,  
Middlebury, Waterbury, Wolcott, Naugatuck, Beacon Falls,  
Prospect, Cheshire, Wallingford, and Meriden Townships in  
New Haven County.
- 02- Southwest - New Milford, Washington, Bridgewater, and Roxbury  
Townships in Litchfield County and Fairfield County (except  
Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and  
Stratford).
- 03 - South Central - Oxford, Seymour, Darby, Orange, Ansonia, Bethany,  
Woodbridge, Hamden, North Haven, New Haven, North Branford,  
Guilford, Madison, Branford, East Haven, West Haven, and  
Milford Townships in New Haven County and Monroe, Shelton,  
Trumbull, Easton, Fairfield, Bridgeport, and Stratford  
Townships in Fairfield County.
- 04 - Northeast and Southeast - Middlesex County, New London County  
(except the City of New London), Windham County, and Willington,  
Coventry, Mansfield, and Columbia Townships in Tolland County.



## GEORGIA

## Four Localities (by counties):

01 Fulton, Clayton, Dekalb, Butts, Cherokee, Cobb, Douglas, Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding, Rockdale, Walton			
02 Chatham, Houston, Bibb, Richmond, Muscogee			
03 Whitfield, Floyd, Troup, Coweta, Hall, Spalding, Clarke, Baldwin, Laurens, Bulloch, Ware, Glynn, Lowndes, Dougherty, Catoosa, Thomas, Walker			
04 Lumpkin	Habersham	Upton	Talbot
Union	Stephens	Chattahoochee	Crawford
Towns	Franklin	Polk	Pike
White	Hart	Haralson	Heard
Rabun	Jackson	Carroll	Pikens
Banks	Madison	Seminole	Gilmer
Oconee	Elbert	Miller	Dade
Oglethorpe	Barrow	Baker	Dawson
Lincoln	Dodge	Atkinson	Newton
Taliaferro	Randolph	Lanier	Morgan
Jasper	Terrell	Clinch	Greene
Putnam	Crisp	Echols	Wilkes
Hancock	Sumter	Calhoun	McDuffie
Glascock	Dooly	Clay	Columbia
Warren	Macon	Quitman	Washington
Chattooga	Peach	Stewart	Jefferson
Gordon	Harris	Webster	Burke
Murray	Marriewether	Schley	Emanuel
Bartow	Lamar	Marion	Scrvin
Fannin	Monroe	Taylor	Ettingham
Taltnall	Liberty	Long	Toombs
Appling	Wayne	Brooks	Grady
Decatur	Colquitt	Worth	Ben Hill
Early	Cook	Tift	Tel Fair
Mitchell	Berrien	Coffee	Jones
Wilkinson	Jenkins	Eleckley	Montgomery
Twiggs	Truettlen	Palnski	Evans
Johnson	Candler	Wheeler	Bryan
Jeff Davis	Bacon	McIntosh	Candler
Charlton	Brantley	Pierce	Irwin
Turner	Lee	Wilcox	

ILLINOIS

Sixteen Localities:

Blue Cross/Blue Shield - Illinois Medical Service

Cook County

Continental Casualty - Illinois

- 01- Jo Daviess, Stephenson, Carroll, Ogle Counties
- 02- Winnebago, Mellenry
- 03- Whiteside, Lee, DeKalb, Kendall, LaSalle, Bureau, Grundy, Putnam Counties
- 04- Rock Island, Henry, Stark, Knox, Mercer, Warren & Henderson Counties
- 05- Peoria, Woodford & Marshall Counties
- 06- Kankakee, Iroquois, Ford & Livingston Counties
- 07- Hancock, McDonough, Schuyler, Brown, Cass, Morgan, Greene, Pike, Adams & Scott Counties
- 08- McLean, DeWitt, Logan, Tazewill, Mason & Fulton Counties
- 09- Menard, Sangamon & Christian Counties
- 10- Vermillion, Champaigne & Piatt Counties
- 11- Edgar, Douglas, Moultrie, Macon, Shelby, Cumberland, Coles & Clark Counties
- 12- Calhoun, Jersey, Macoupin, Montgomery, Bond, Madison, Clinton, Washington, St. Clair, Randolph & Monroe Counties
- 13- Crawford, Jasper, Effingham, Fayette, Marion, Clay, Richland, Lawrence, Wabash, Wayne, White, Hamilton, Jefferson, Edwards Counties
- 14- Gallatin, Saline, Franklin, Perry, Jackson, Williamson, Hardin, Pope, Johnson, Union, Alexander, Pulaski, Massac Counties
- 15- Lake, Kane, DuPage & Will Counties

INDIANA

Three Localities:

- 01 - Metropolitan-  
Lake, Porter, LaPorte (Northwest Indiana)  
Allen (Ft. Wayne)  
Marion (Indianapolis), Shelby  
Madison, Delaware (Anderson, Muncie)  
Vanderburgh (Evansville)
- 02 - Urban-  
Monroe, Grant, Tippecanoe, St. Joseph( South Bend), Clark,  
Wayne, Wells, Floyd, Vigo( Terre Haute), Elkhart, Howard,  
Cass, Henry, Lawrence, Kosciusko, Bartholomew, Hancock,  
Hendricks, Johnson, Knox, LaGrange, Daviess
- 03 - Rural- Remaining Counties

## MASSACHUSETTS

## Two Localities: 01 Urban, 02 Suburban/Rural

ANSA 01 - Urban - includes the following places

BOSTON SMSA  
(Essex County)  
Beverly

Lynn

Peabody

Salem

Danvers

Hendilton

Lynnfield

Hendchester

Hartlehead

Middleton

Mahant

Saugus

Swampscott

Topsfield

Wenham

(Middlesex County)  
Cambridge

Everett

Malden

Medford

Melrose

Newton

Somerville

Waltham

Woburn

Arlington

Ashland

Bedford

Belmont

Burlington

Concord

Framingham

Lexington

Lincoln

Malden

North Reading

Reading

Shelburne

Stoughton

Sudbury

Wakefield

Watertown

Wayland

Weston

Wilmington

Winchester

(Hampshire County)  
Quincy

Braintree

Brookline

Centon

Covasset

Dedham

Dover

Hollbrook

Medfield

Millsis

Kilton

Needham

Norfolk

Norwood

Randolph

Sharon

Walpole

Wellesley

Westwood

Weymouth

(Plymouth County)  
Duxbury

Hanover

Hingham

Hull

Marshfield

Norwell

Pembroke

Rockland

Scituate

Boston SMSA (cont.)

(Suffolk County)  
Boston

Chelsea

Revere

Winthrop

BROCKTON SMSA  
(Bristol County)

Easton

(Hampshire County)  
Avon

Stoughton

(Plymouth County)  
Brockton

Abington

Bridgewater

East Bridgewater

Hanson

West Bridgewater

Milton

Worcester SMSA  
(Worcester County)  
Worcester

Auburn

Berlin

Boylston

Brookfield

East Brookfield

Grafton

Holden

Leicester

Millbury

Northborough

Northbridge

North Brookfield

Oxford

Paxton

Shrewsbury

Spencer

Sterling

Sutton

Upton

Westborough

SPRINGFIELD-CHICOPEE-  
ROCKFORD, MASS.-CONN.--  
SMSAMass. portion  
(Hampden County)

Chicopee

Holyoke

Springfield

Westfield

Agawam

East Longmeadow

Hamden

Longmeadow

Ludlow

Monson

Palmer

Southwick

West Springfield

Wilbraham

(Hampshire County)

Northampton

Eastampton

Granby

Hadley

South Hadley

(Worcester County)

Warren

PITTSFIELD SMSA

(Berkshire County)

Pittsfield

Dalton

Lanesborough

Lee

Lenox

MASSACHUSETTS (Cont'd)

AREA 02 - Suburban/Rural - includes the following places in

SMSA's and the remainder of the State.

<u>FALL RIVER, MASS.-R.I.</u> <u>SMSA</u>	Westford	(Norfolk County)
Mass. portion (Bristol County)	<u>New Bedford, Mass.</u> <u>SMSA</u>	Dellingham
Fall River	(Bristol County)	Franklin
Somerset	New Bedford	Plainville
Swansea	Acushnet	Wrentham
Westport	Dartmouth	(Worcester County)
<u>LAURENCE-HAVERHILL, MASS.-</u> <u>N.H. SMSA</u>	Fairhaven	Blackstone
Mass. portion (Essex County)	(Plymouth County)	Millville
Lawrence	Marion	
Haverhill	Mattapoisett	
Andover	<u>FITCHBURG-LEONMINSTER SMSA</u>	
Georgetown	(Middlesex County)	
Groveland	Shirley	
Harrison	Townsend	
Hotheon	(Worcester County)	
North Andover	Fitchburg	
West Newbury	Leominster	
<u>LOWELL, MASS. SMSA</u>	Lunenburg	
(Middlesex County)	Westminster	
Lowell	<u>PROVIDENCE-PATRIOT-ET-</u> <u>WARWICK, R.I.-MASS.</u> <u>SMSA</u>	
Billerica	Mass. portion (Bristol County)	
Chelmsford	Attleboro	
Dracut	North Attleborough	
Tewksbury	Rehoboth	
Tyngsborough	Seekonk	

## Two Localities:

01- Rural - All ZIP Codes starting with 386,387,388,389,390,391,393,  
394,396,397 (except 38801, 39301, 39401) and the  
following 395 ZIP Codes:

39550-Bond	39561-McHenry
39552-Escatawpa	39572-Pearlington
39553-Gautier	39573-Perkinston
39555-Hurley	39574-Saucier
39556-Kiln	39575-Wade
39558-Lakeshore	39577-Wiggins

02- Metropolitan - All ZIP Codes starting with 392 and 395 (except as  
noted in area 01 above) and the following:

392__	Jackson
395__	Biloxi
38801	Tupelo
39301	Meridian
39401	Hattiesburg

## MISSOURI

## Seven Localities:

## General American Life

- 01 - Cities of Columbia, Jefferson City, Springfield, Metropolitan St. Louis, St. Louis County and St. Charles County
- 02 - Cities of Joplin, Cape Girardeau, Kirksville, Poplar Bluff, Hannibal, Sikeston and Jefferson County (City limits boundaries except Jefferson County)
- 03 - Rural - rest of State except Blue Shield of Kansas City area

## Blue Shield of Kansas City - Missouri

- I - Buchanan County (rural)
- II - Clay and Platte Counties (suburban)
- III - Jackson County (metropolitan)
- VI - Rural - Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, St. Clair, Saline, Vernon, Worth



## NEW YORK

## Ten Localities:

New York B/S of Greater New York

- A) New York County
- B) Bronx, Kings, Richmond, and Westchester Counties
- E) Nassau County
- H) Dutchess, Orange, Putnam, Rockland, Suffolk, Sullivan, and Ulster Counties
- N) Columbia, Delaware, and Greene Counties

Group Health Insurance - New York

Queens County

Blue Shield of Western New York

Alleghany, Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming Counties

Genessee Valley Medical Care Inc. - New York

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

Metropolitan Life Insurance Company - New York

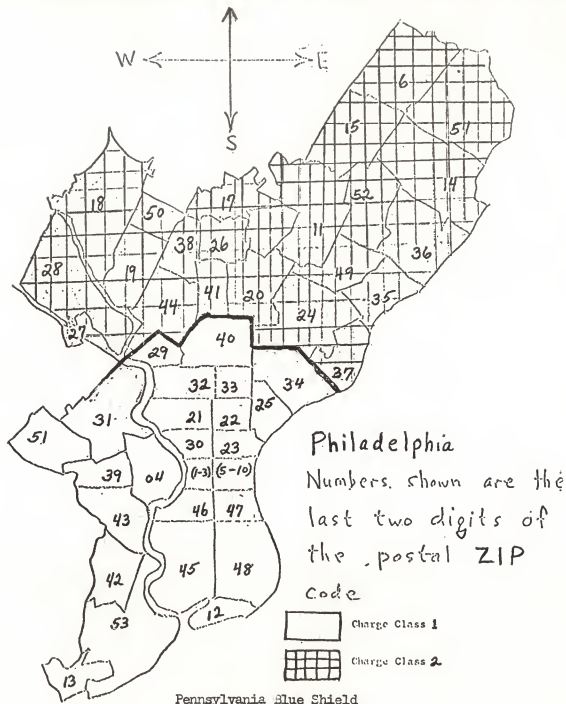
Geographic Area I - Includes the following cities:

Albany	Saratoga Springs	Cooperstown
Binghamton	Schenectady	Marcellus
Endicott	Syracuse	Fayetteville
Glens Falls	Utica	New Hartford
Johnson City	Troy	Ogdensburg

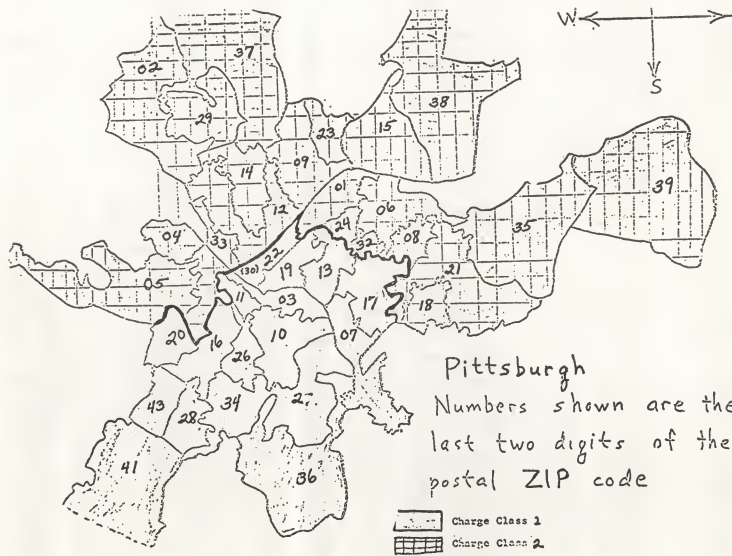
(The city limits are the locality boundaries.)

Geographic Area II - All towns and communities in the following counties other than the nine cities shown in Area I:

Albany	Fulton	Rensselaer
Broome	Hamilton	Saratoga
Cayuga	Herkimer	Schenectady
Chautauqua	Jefferson	Schoharie
Chemung	Lewis	Schuyler
Chenango	Madison	St. Lawrence
Clinton	Montgomery	Steuben
Cortland	Oneida	Tioga
Essex	Onondaga	Tompkins
Franklin	Oswego	Warren
	Otsego	Washington



Pennsylvania Blue Shield



Pennsylvania Blue Shield

## Texas

## Thirty-two Localities:

## Counties --(Cities)

- 014 - Bell (Killeen-Ft.Hood)      212 - Smith (Tyler)  
 015 - Bexar (San Antonio)      220 - Tarrant (Fort Worth)  
 019 - Bowie (Texarkana)      221 - Taylor (Abilene)  
 020 - Brazoria (Freeport)      226 - Tom Green (San Angelo)  
 031 - Cameron (Brownsville)      227 - Travis (Austin)  
 057 - Dallas (Dallas)      235 - Victoria (Victoria)  
 061 - Denton (Denton)      240 - Webb (Laredo)  
 068 - Ector (Odessa)      243 - Wichita (Wichita Falls)  
 071 - El Paso (El Paso)      750 - North Central, North East Texas  
 084 - Galveston (Galveston)      770 - Central, South, Southeast Texas  
 091 - Grayson (Sherman)      790 - Panhandle and West Texas  
 092 - Gregg (Longview)  
 101 - Harris (Houston)  
 108 - Hidalgo (Pharr-McAllen)  
 123 - Jefferson (Beaumont)  
 152 - Lubbock (Lubbock)  
 155 - McLennan (Waco)  
 165 - Midland (Midland)  
 178 - Nueces (Corpus Christi)  
 181 - Orange (Orange)  
 188 - Potter (Amarillo)

(The localities are determined  
on a County basis. The cities  
listed are major cities in  
the locality.)

(Area 260 is the Statewide locality  
for certain specialties.)

- 750 - Morris, Montague, Cooke, Fannin, Lamar, Red River,  
Collin, Hunt, Delta, Titus, Camp, Cass, Trinity,  
Marion, Harrison, Panola, Rusk, Wood, Hopkins, Rains,  
Kaufman, Van Zandt, Parker, Ellis, Johnson, Hood, Jack,,  
Rockwall, Coryello, Comanche, Wise, Somervell, Erath,  
Hill, Bosque, Hamilton, Freestone, Limestone, Anderson,  
Navarro, Leon, Upshur, Houston, Madison, Franklin,  
Cherokee, Falls, and Young Counties.
- 770 - Shelby, Sabine, Angelini, Newton, Jasper, Tyler, Polk,  
Macogdoches, San Augustine, Walker, San Jacinto,  
Hardin, Chambers, Grimes, Montgomery, Robertson,  
Brazos, Burleson, Washington, Lee, Williamson, Mills,  
Lampasas, Burnet, Henderson, Aransas, San Saba, Austin,  
Colorado, Wharton, Gillespie, Blanco, Kendall, Kerr,  
Real, Hays, Caldwell, Fayette, Matagorda, Calhoun,  
Refugio, Lavaca, Gonzales, San Patricio, Kleberg, Waller,  
Kenedy, Willacy, Jim Wells, Duval, Brooks, Zapata,  
Starr, Jim Hogg, La Salle, Dimmitt, McMullen, Live Oak,  
Bee, Karnes, Wilson, Atascosca, Frio, Zavala, Uvalde,  
Medina, Conal, Fort Bend, De Witt, Goliad, Bandera,  
Guadalupe, Jackson, Liberty, Milam, Llano, Bastrop Counties.
- 790 - Dallam, Sherman, Eansford, Ochiltree, Hartley, Moore,  
Hutchinson, Emphill, Carson, Gray, Wheeler, Deaf Smith,  
Randal, Armstrong, Donley, Farmer, Castro, Swisher,  
Briscoe, Hall, Childress, Shackelford, Bailey, Lamb, Hale  
Floyd, Motley, Cottle, Foard, Wilbarger, Clay, Archer  
Baylor, Knox, Dickens, Crosby, Hockley, Cochran, Yoakum,  
Terry, Lynn, Garza, Kent, Stonewall, Haskell, Gaines,  
Dawson, Borden, Schurzy, Fisher, Jones, King, Winkler,  
Ward, Upton, Throckmorton, Runnels, Collingsworth, Brewster,  
Hardeman, Irion, Lipscomb, Menard, Oldham, Stephens,  
Palo Pinto, Andrews, Martin, Howard, Mitchell, Nolan,  
Callahan, Eastland, Rudspeth, Culberson, Reeves, Loving,  
Glasscock, Sterling, Coke, Coleman, Brown, Crane, Roberts,  
Regan, Concho, McCulloch, Sutton, Mason, Schleicher,  
Crockett, Pecos, Jeff Davis, Presidio, Terrell, Val Verde,  
Kinble, Edwards, Kinney, and Maverick Counties.

## WISCONSIN

Eleven Localities:

Surgical Care - Blue Shield Wisconsin

Milwaukee - A

Wisconsin Physicians Service

## Blue Shield (Counties)

B  
Ashland  
Barron  
Bayfield  
Burnett  
Chippewa  
Clark  
Douglas  
Iron  
Polk  
Price  
Rusk  
Sawyer  
Taylor  
Washburn

D  
Crawford  
Grant  
Iowa  
LaFayette  
Richland  
Sauk  
Vernon

C  
Adams  
Columbia  
Green Lake  
Juneau  
Marquette  
Monroe  
Waushara

E  
Buffalo  
Dunn  
Eau Claire  
LaCrosse  
Peplin  
Pierce  
St. Croix  
Trempeleau  
Jackson

F  
Langlade  
Lincoln  
Marathon  
Oneida  
Portage  
Vilas  
Wood

H  
Kenosha  
Ozaukee  
Racine  
Washington  
Waukesha

J  
Calumet  
Ford du Lac  
Manitowoc  
Sheboygan  
Winnebago

G  
Brown  
Door  
Florence  
Forest  
Kewaunee  
Marinette  
Oconto  
Outagamie  
Shawano  
Waupaca

I  
Dodge  
Green  
Jefferson  
Rock  
Walworth

K  
Dane



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